10/21/2008 15:34

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### FEC FORM 3X

FE6AN026

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

|          |  |                                 |                           |                                 |                  |              | Office Us       | e Only                                   |         |
|----------|--|---------------------------------|---------------------------|---------------------------------|------------------|--------------|-----------------|--|---------|
| 1.       | NAME OF<br>COMMITTEE (in full)                           | USE FEC MAIL<br>OR TYPE OR P    |                           | Example:If typin over the lines | ng, type         |              |                 |  |         |
| Ш        | Massachusetts Republican S                               | State Congression               | al Committee              |                                 |                  |              | 1 1 1 1         | 1 1 1 1 1                                |         |
| 1 .      |  |                                 | 1 1 1 1 1 1               |                                 |                  | 1 1 1        |                 |  | ı       |
| AD       | DRESS (number and street)                                | 85 Merrimac                     | Street, Suite 400         |                                 |                  |              |                 |  | _<br>_  |
| <b>\</b> | prized (nambor and outdot)                               | 1                               |                           |                                 |                  |              |                 |  |         |
|          | Check if different<br>than previously<br>reported. (ACC) | Boston                          |                           |                                 |                  | I MA I       | 1 02            | 114                                      | _<br>   |
| 2.       | FEC IDENTIFICATION NUM                                   | IRED \                          | CITY A                    | _                               |                  | STATE        |                 | ZIPCODE A                                | _       |
| ۷.       | TECIDENTI ICATION NOW                                    | IDEN •                          |                           | •                               |                  | STATE        | 4               | LII OODL 🙇                               |         |
|          | C00042622  |                                 | 3. IS TH<br>REPO          |                                 | NEW (N) OR       |              | AMENDED<br>(A)  |  |         |
| 4.       | TYPE OF REPORT<br>(Choose One)                           | (b) Monthly<br>Report<br>Due On | Feb 20                    | (M2)                            | May 20 (M5)      |              | Aug 20 (M8)     | Nov 20 (M1<br>(Non-Electic<br>Year Only) | 1)<br>n |
|          | (a) Quarterly Reports:                                   | Due On                          | Mar 20                    | (M3)                            | Jun 20 (M6)      |              | Sep 20 (M9)     | Dec 20 (M1<br>(Non-Electic<br>Year Only) | 2)<br>n |
|          | April 15   |                                 | Apr 20 (                  | (M4)                            | Jul 20 (M7)      |              | Oct 20 (M10)    | Jan 31 (YE                               | )       |
|          | Quarterly Report(Q July 15                               | (c) 12-                         | Day<br><b>E</b> -Election | Primary (12                     | 2P)              | X Gen        | eral (12G)      | Runoff (12l                              | ٦)      |
|          | Quarterly Report(Q October 15                            | Re                              | port for the:             | Convention                      | (12C)            | Spec         | cial (12G)      |  |         |
|          | Quarterly Report(Q                                       |                                 | <b>=</b> 1                | 11                              | 0 4              | 2008         |                 | in the MA                                | 1       |
|          | Quarterly Report(Y                                       | E)                              | Election or               | ו ביים                          |                  |              | -               | State of                                 | _       |
|          | Report(Non-election<br>Year Only) (MY)                   | Po                              | Day<br>st -Election       | General (30                     | OG)              | Rune         | off (30R)       | Special (30                              | S)      |
|          | Termination Report (TER)                                 | . He                            | port for the:             |                                 |                  |              | -               | in the                                   | ٦       |
|          | . ,  |                                 | Election or               | 1                               |                  |              |                 | State of                                 | _       |
| 5.       | Covering Period 1 0                                      | 0 1                             | 2008                      | through                         | 10               | 1 5          | 2008            |  |         |
| l ce     | ertify that I have examined this I                       | Report and to the               | best of my knowle         | dge and belief it i             | is true, correct | t and comp   | lete.           |  |         |
| Тур      | oe or Print Name of Treasurer                            | Brent Ander                     | sen                       |                                 |                  |              |                 |  | —       |
| Sig      | nature of Treasurer Electron                             | nically Filed by                | Brent Andersen            |                                 |                  | Date         | 10 21           | 2008                                     |         |
| NO       | TE : Submission of false, error                          | neous, or incomp                | ete information ma        | ay subject the per              | rson signing th  | nis Report t | o the penalties | of 2 U.S.C 437g.                         |         |
|          | Office<br>Use  |                                 |                           |                                 |                  |              |                 | FORM 3X                                  |         |

### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) OF RECEIPTS AND DISBURSEMENTS
Page 2

| Re | eport Covering the Period: From:                               | 01 2008                         | To: 10 15 2008                    |
|----|--|---------------------------------|-----------------------------------|
|    |  | COLUMN A<br>This Period         | COLUMN B<br>Calendar Year-to-Date |
|    | (a) Cash on Hand  January 1 Ž008 Y Y                           |                                 | 16629.38                          |
|    | (b) Cash on Hand at Begining of Reporting Period               | 92733.95                        |                                   |
|    | (c) Total Receipts (from Line 19)                              | 21090.00                        | 760402.71                         |
|    | (d) Subtotal (add lines 6(b) and                               |                                 |                                   |
|    | 6(c) for Column A and Lines<br>6(a) and 6(c) for Column B)     | 113823.95                       | 777032.09                         |
|    | Total Disbursements (from Line 31)                             | 61109.57                        | 724317.71                         |
|    | Cash on Hand at Close of                                       |                                 |                                   |
|    | Reporting Period (subtract Line 7 from Line 6(d))              | 52714.38                        | 52714.38                          |
|    | Debts and Obligations owed TO                                  |                                 |                                   |
|    | the committee (Itemize all on<br>Schedule C and/or Schedule D) | 0.00                            |                                   |
|    | Debts and Obligations owed BY                                  |                                 |                                   |
|    | the committee (Itemize all on Schedule C and/or Schedule D)    | 0.00                            |                                   |
|    | This Committee has qualified as a multicandida                 |                                 |                                   |
|    | F  | or further information contact: |                                   |
|    |  | Federal Election Commission     |                                   |
|    |  | 999 E street, NW                |                                   |

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Massachusetts Republican State Congressional Committee

0 1 1<sup>D</sup>5 м м 1 0 2008 м м 1 0 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 509609.38 11300.00 (i) Itemized (use Schedule A) .......... 3790.00 144220.51 (ii) Unitemized ..... (iii) TOTAL (add 15090.00 653829.89 Lines 11(a)(i) and (ii) ...... 0.00 0.00 (b) Political Party Committees ..... Other Political Committees 0.00 26261.00 (such as PACs) ..... Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 15090.00 680090.89 Totals to Line 33, page 5) ..... 12. Transfers From Affiliated/Other 6000.00 67000.00 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 3228.99 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees ..... 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) ..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 10082.83 (from Schedule H3) ..... 0.00 0.00 (b) Levin Funds (from Schedule H5) ...... 0.00 10082.83 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 21090.00 760402.71 12, 13, 14, 15, 16, 17, and 18(c)) ..... 20. Total Federal Receipts 21090.00 750319.88 (subtract Line 18(c) from Line 19) .....

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4 **COLUMN B** 

|    | II. DISBURSEMENTS   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|----|---|-------------------------------|-----------------------------------|
|    | Operating Expenditures: (a) Shared Federal/Non-Federal                                |                               |                                   |
|    | Activity (from Schedule H4)   | 0.00                          | 49520.51                          |
|    | (i) Federal Share   |                               |                                   |
|    | (ii) Non-Federal Share  | 0.00                          | 10870.35                          |
|    | (b) Other Federal Operating  Expenditures   | 51308.93                      | 544262.89                         |
|    | (c) Total Operating Expenditures  |                               |                                   |
| 2  | (add 21(a)(i), (a)(ii) and (b))   | 51308.93                      | 604653.75                         |
|    | Committees  | 0.00                          | 15000.00                          |
| 3. | Contributions to Federal Candidates/Committeesand Other Political Committees          | 952.09                        | 1952.00                           |
|    | and Other Political Committees  Independent Expenditure                               |                               | 1852.09                           |
|    | (use Schedule E)  | 0.00                          | 0.00                              |
| J. | Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) | 0.00                          | 0.00                              |
|    | Loan Repayments Made  | 0.00                          | 0.00                              |
|    |   |                               |                                   |
|    | Loans MadeRefunds of Contributions To:  | 0.00                          | 0.00                              |
|    | (a) Individuals/Persons Other Than Political Committees                               | 750.00                        | 1025.00                           |
|    | (b) Political Party Committees  | 0.00                          | 0.00                              |
|    | (c) Other Political Committees  |                               |                                   |
|    | (such as PACs)  | 0.00                          | 0.00                              |
|    | (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))                        | 750.00                        | 1025.00                           |
| 9. | Other Disbursements   | 0.00                          | 0.00                              |
| 0  | Federal Election Activity (2 U.S.C 431(20))   |                               |                                   |
| υ. | (a) Shared Federal Election Activity  |                               |                                   |
|    | (from Schedule H6)  | 0.00                          | 0.00                              |
|    | (i) Federal Share   | 0.00                          | 0.00                              |
|    | (ii) "Levin" Share  | 0.00                          | 0.00                              |
|    | (b) Federal Election Activity Paid Entirely With Federal Funds                        | 8098.55                       | 101786.87                         |
|    | (c) Total Federal Election Activity (add  | 8098.55                       | 101786.87                         |
|    | Lines 30(a)(i), 30(a)(ii) and 30(b))  |                               |                                   |
| ١. | Total Disbursements (add Lines 21(c), 22,   | 61100 57                      | 704017 71                         |
|    | 23, 24, 25, 26, 27, 28(d), 29 and 30(c))  | 61109.57                      | 724317.71                         |
| 2. | Total Federal Disbursements   |                               |                                   |
|    | (subtract Line 21(a)(ii) and Line 30(a)(ii)   | 61109.57                      | 713447.36                         |
|    | from Line 31)   | 01109.57                      | /1344/.30                         |

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

|     | III. Net Contributions/Operating<br>Expenditures                        | COLUMN A Total This Period | COLUMN B<br>Calendar Year-to-Date |
|-----|---|----------------------------|-----------------------------------|
| 33. | Total Contributions (other than loans) from Line 11(d), page 3)         | 15090.00                   | 680090.89                         |
| 34. | Total Contribution Refunds<br>(from Line 28(d))                         | 750.00                     | 1025.00                           |
| 35. | Net Contributions (other than loans) (subtract Line 34 from Line 33)    | 14340.00                   | 679065.89                         |
| 36. | Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 51308.93                   | 593783.40                         |
| 37. | Offsets to Operating Expenditures (from Line 15, page 3)                | 0.00                       | 3228.99                           |
| 38. | Net Operating Expenditures (subtract Line 37 from Line 36)              | 51308.93                   | 590554.41                         |

FE6AN026

|          | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS  |                        | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 6 / 36 (check only one)  X 11a 11b 11c 12 13 14 15 16 |
|----------|--|------------------------|---|---|
| An       | y information copied from such Reports and for commercial purposes, other than using the | Statements may         | y not be sold or used by any perso<br>dress of any political committee to     | on for the purpose of soliciting contributions                              |
|          | NAME OF COMMITTEE (In Full)<br>Massachusetts Republican State Co                         | ngressional C          | ommittee  |   |
| <u>/</u> | Full Name (Last, First, Middle Initial)<br>Lori Anastos                                  |                        |   | Date of Receipt   |
|          | Mailing Address P.O. Box 821   |                        |   | 10 10 2008  |
|          | City<br>Yarmouth   | State<br>ME            | Zip Code<br>04096   | Transaction ID: 81017.C171276   |
|          | FEC ID number of contributing federal political committee.                               | C                      | 04030   | Amount of Each Receipt this Period  1000.00                                 |
|          | Name of Employer<br>Information Requested  | Occupatio<br>Informati | n<br>on Requested   | Receipt   |
|          | Receipt For:  Primary General Other (specify) ▼  | Aggregate              | Year-to-Date ▼<br>1000.00   |   |
|          | Full Name (Last, First, Middle Initial)<br>Harold Chesson                                |                        |   | Date of Receipt   |
|          | Mailing Address 176 S. Pond Rd.  |                        |   | 10 08 2008  |
|          | City   | State                  | Zip Code  | Transaction ID: 81017.C171204   |
|          | East Brookfield  | MA                     | 01515   | Amount of Each Receipt this Period  |
|          | FEC ID number of contributing federal political committee.                               | C                      |   | 100.00<br>Receipt   |
|          | Name of Employer<br>Gavitt Wire & Cable Co   | Occupatio<br>Manager   |   | neceipi   |
|          | Receipt For:   | Aggregate              | e Year-to-Date ▼  |   |
|          | Primary General Other (specify) ▼  |                        | 200.00  |   |
|          | Full Name (Last, First, Middle Initial)<br>Lawrence Cohn                                 |                        |   | Date of Receipt   |
|          | Mailing Address 45 Single Tree Road  |                        |   | 10 07 2008  |
|          | City   | State                  | Zip Code  | Transaction ID: 81017.C171177   |
|          | Chestnut Hill  | MA                     | 02467   | Amount of Each Receipt this Period  |
|          | FEC ID number of contributing federal political committee.                               | C                      |   | 250.00  |
|          | Name of Employer<br>Brigham & Womens Hospital  | Occupatio<br>Cardiac   | Surgeon   | Receipt   |
|          | Receipt For:  Primary General  Other (specify) ▼   | Aggregate              | e Year-to-Date ▼<br>1250.00   |   |
| S        | UBTOTAL of Receipts This Page (optional)   |                        |   | 1350.00   |

|        | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS   |                              | Use separate schedule(s) for each category of the Detailed Summary Page   | FOR LINE NUMBER: PAGE 7/36 (check only one)  X 11a 11b 11c 12 13 14 15 16 |
|--------|--|------------------------------|---|---|
| A<br>0 | any information copied from such Reports and r for commercial purposes, other than using the | Statements mane name and add | y not be sold or used by any perso<br>dress of any political committee to | on for the purpose of soliciting contributions                            |
|        | NAME OF COMMITTEE (In Full)  Massachusetts Republican State Co                               | ngressional C                | ommittee  |   |
| Z      | Full Name (Last, First, Middle Initial) J.W. Cranney   |                              |   | Date of Receipt   |
|        | Mailing Address PO Box 55  |                              |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                               |
|        | City<br>Belmont  | State<br>MA                  | Zip Code<br>02478   | Transaction ID: 81017.C171148  Amount of Each Receipt this Period         |
|        | FEC ID number of contributing federal political committee.                                   | C                            | 02470   | 500.00  |
|        | Name of Employer<br>Self Employed  | Occupatio<br>Consulta        |   | Receipt   |
|        | Receipt For:  Primary General  Other (specify) ▼   | Aggregate                    | e Year-to-Date ▼ 500.00   |   |
| _      | Full Name (Last, First, Middle Initial)<br>Barbara Ebert                                     |                              |   | Date of Receipt   |
|        | Mailing Address 16 Brewster Road   |                              |   | 10 07 YYYY<br>2008  |
|        | City   | State                        | Zip Code  | Transaction ID: 81017.C171178   |
|        | Wayland  | MA                           | 01778   | Amount of Each Receipt this Period  |
|        | FEC ID number of contributing federal political committee.                                   | C                            |   | 250.00  |
|        | Name of Employer<br>Retired  | Occupatio<br>Retired         | n   | Receipt   |
|        | Receipt For:   |                              | e Year-to-Date <b>V</b>   |   |
|        | Primary General  Other (specify) ▼   | 0 0                          | 250.00  |   |
|        | Full Name (Last, First, Middle Initial) Albion Fletcher                                      |                              |   | Date of Receipt   |
|        | Mailing Address 135 West St.   |                              |   | 10 07 2008  |
|        | City   | State                        | Zip Code  | Transaction ID: 81017.C171182   |
|        | Braintree  FEC ID number of contributing federal political committee.                        | C                            | 02184   | Amount of Each Receipt this Period  100.00                                |
|        | Name of Employer<br>General Electric Co.   | Occupatio<br>Engineer        |   | Receipt   |
|        | Receipt For:  Primary General  Other (specify) ▼   | <del>_ ' _ `</del>           | e Year-to-Date ▼ 200.00   |   |
| Γ,     | SUBTOTAL of Receipts This Page (optional)  | 1                            |   | 850.00  |

|         | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS   |                       | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 8 / 36 (check only one)  X 11a 11b 11c 12 13 14 15 16 |
|---------|---|-----------------------|---|---|
| Ai      | ny information copied from such Reports and for commercial purposes, other than using the | Statements mag        | y not be sold or used by any perso<br>dress of any political committee to     | on for the purpose of soliciting contributions                              |
|         | NAME OF COMMITTEE (In Full)  Massachusetts Republican State Co                            |                       |   |   |
| <u></u> | Full Name (Last, First, Middle Initial) Edmund Goodhue                                    |                       |   | Date of Receipt   |
|         | Mailing Address 16 Cornerstone Driv   | е                     |   | M M / D D / Y Y Y Y Y Y 1 1 0 1 0 2 0 0 8                                   |
|         | City  | State                 | Zip Code  | Transaction ID: 81017.C171245   |
|         | Bridgewater   | MA                    | 02324   | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.                                | C                     |   | 50.00   |
|         | Name of Employer<br>Information Requested   | Occupatio<br>Retired  | n   | Receipt   |
|         | Receipt For:  | Aggregate             | e Year-to-Date ▼  |   |
|         | Primary General Other (specify) ▼   | 0 0                   | 200.00  | ]   |
| _       | Full Name (Last, First, Middle Initial)<br>Jose Jorge                                     |                       |   | Date of Receipt   |
|         | Mailing Address 118 Inman Street Apt.1  |                       |   | 10 03 YYYYY<br>2008   |
|         | City  | State                 | Zip Code  | Transaction ID: 81017.C171149   |
|         | Cambridge   | <u>MA</u>             | 02139   | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.                                | C                     |   | 150.00  |
|         | Name of Employer<br>Retired   | Occupatio<br>Retired  | n   | - Receipt   |
|         | Receipt For:  | Aggregate             | e Year-to-Date ▼  |   |
|         | Primary General Other (specify) ▼   |                       | 325.00  |   |
| _       | Full Name (Last, First, Middle Initial) Paul Lohnes                                       |                       |   | Date of Receipt   |
|         | Mailing Address 300 Bent St   |                       |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                 |
|         | City  | State                 | Zip Code  | Transaction ID: 81017.C171165   |
|         | <u>Cambridge</u>  | MA                    | 02141   | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.                                | C                     |   | 1000.00   |
|         | Name of Employer<br>Information Requested   | Occupatio<br>Corporat |   | Receipt   |
|         | Receipt For:  | Aggregate             | e Year-to-Date ▼  |   |
|         | Primary General Other (specify) ▼   |                       | 1000.00   |   |
|         | SUBTOTAL of Receipts This Page (optional)   |                       |   | 1200.00   |

|          | CHEDULE A (FEC Form 3X<br>EMIZED RECEIPTS   | )                    | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 9 / 36 (check only one)  X 11a 11b 11c 12 13 14 15 16 |
|----------|---|----------------------|---|---|
| A        | ny information copied from such Reports and r for commercial purposes, other than using t | Statements may       | y not be sold or used by any perso<br>dress of any political committee to     | on for the purpose of soliciting contributions                              |
|          | NAME OF COMMITTEE (In Full)  Massachusetts Republican State Co                            | ngressional C        | ommittee  |   |
| <u>Z</u> | Full Name (Last, First, Middle Initial)<br>John Medgyesy                                  |                      |   | Date of Receipt   |
|          | Mailing Address 64 Stone Hedge Ln.  |                      |   | 10 10 2008  |
|          | City<br>Attleboro   | State<br>MA          | Zip Code<br>02703   | Transaction ID: 81017.C171225  Amount of Each Receipt this Period           |
|          | FEC ID number of contributing federal political committee.                                | C                    | 02.00   | 50.00   |
|          | Name of Employer<br>Retired   | Occupatio<br>Retired | n   | Receipt   |
|          | Receipt For:  Primary General  Other (specify) ▼  | Aggregate            | e Year-to-Date ▼<br>250.00  |   |
|          | Full Name (Last, First, Middle Initial)<br>John ORourke                                   |                      |   | Date of Receipt   |
|          | Mailing Address 955 Massachusetts   | 10 03 2008           |   |   |
|          | City  | State                | Zip Code  | Transaction ID: 81017.C171162   |
|          | Cambridge   | MA                   | 02139   | Amount of Each Receipt this Period  |
|          | FEC ID number of contributing federal political committee.                                | C                    |   | 100.00  |
|          | Name of Employer<br>Retired   | Occupatio<br>Retired | n   | Receipt   |
|          | Receipt For:  |                      | e Year-to-Date ▼  |   |
|          | Primary General Other (specify)   | 0 0                  | 300.00  |   |
|          | Full Name (Last, First, Middle Initial)<br>Jonathan Peabody                               |                      |   | Date of Receipt   |
|          | Mailing Address 76 Camp Meeting Ro  | d                    |   | 10 07 2008  |
|          | City  | State                | Zip Code  | Transaction ID: 81017.C171171   |
|          | Topsfield  FEC ID number of contributing federal political committee.                     | C                    | 01983   | Amount of Each Receipt this Period  200.00                                  |
|          | Name of Employer<br>Peabody Office Furniture  | Occupatio<br>Owner   | n   | Receipt   |
|          | Receipt For:  Primary General  Other (specify) ▼  | Aggregate            | e Year-to-Date ▼ 200.00   |   |
| ſ,       | SUBTOTAL of Receipts This Page (optional)   |                      |   | 350.00  |

|                                       | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS   |                                | Use separate schedule(s) for each category of the Detailed Summary Page     | FOR LINE NUMBER: PAGE 10 / 36 (check only one)  X 11a 11b 11c 12  13 14 15 16 17            |
|---------------------------------------|---|--------------------------------|---|---|
| \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | Any information copied from such Reports and<br>or for commercial purposes, other than using the<br>NAME OF COMMITTEE (In Full) | Statements ma<br>e name and ad | ly not be sold or used by any person<br>dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|                                       | Massachusetts Republican State Cor  | igressional C                  | Committee   |   |
| Α.                                    | Full Name (Last, First, Middle Initial)<br>Henri Rauschenbach   |                                |   | Date of Receipt   |
|                                       | Mailing Address 20 Depot Road PO Box 1064   |                                |   | 10 08 7 2008  |
|                                       | City<br>Brewster  | State<br>MA                    | Zip Code<br>02631   | Transaction ID: 81017.C171198   |
|                                       | FEC ID number of contributing federal political committee.  | C                              | 02031   | Amount of Each Receipt this Period 500.00   |
|                                       | Name of Employer<br>Smith and Rauschenbach  | Occupation Attorney            |   | Receipt   |
|                                       | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                      | e Year-to-Date ▼ 500.00   |   |
| -<br>В.                               | Full Name (Last, First, Middle Initial) Grant Rodkey  | 1                              |   | Date of Receipt   |
|                                       | Mailing Address 11 Beatrice Circle  |                                |   | 10 10 2008  |
|                                       | City  | State                          | Zip Code  | Transaction ID: 81017.C171278   |
|                                       | Belmont  FEC ID number of contributing federal political committee.   | C                              | 02478   | Amount of Each Receipt this Period  250.00  |
|                                       | Name of Employer<br>VA Boston Healthcare Syst-<br>em  | Occupation Surgeon             |   | Receipt   |
|                                       | Receipt For: Primary General Other (specify)  | Aggregate                      | e Year-to-Date ▼ 750.00   |   |
| с.<br>С.                              | Full Name (Last, First, Middle Initial)<br>Rosmarie Scully  |                                |   | Date of Receipt   |
|                                       | Mailing Address 30 Somerset St.   |                                |   | M M / D D / Y Y Y Y Y 1 D D 7 2 0 0 8   |
|                                       | City<br>Belmont   | State<br>MA                    | Zip Code<br>02478   | Transaction ID: 81017.C171183   |
|                                       | FEC ID number of contributing federal political committee.  | C                              | 02476   | Amount of Each Receipt this Period  1000.00   |
|                                       | Name of Employer<br>Scully Signal   | Occupation Manufacture         |   | Receipt   |
|                                       | Receipt For:  Primary General  Other (specify) ▼  | <del>, '</del>                 | e Year-to-Date ▼ 2000.00  |   |
|                                       | SUBTOTAL of Receipts This Page (optional)   |                                |   | 1750.00   |
| T                                     | TOTAL This Period (last page this line numbe  | r only)                        |   |   |

|        | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page                      | FOR LINE NUMBER: PAGE 11 / 36 (check only one)  X 11a 11b 11c 12 13 14 15 16 11               |
|--------|---|--|---|
| A<br>0 | ny information copied from such Reports and S r for commercial purposes, other than using the | tatements may not be sold or used by any per-<br>name and address of any political committee | son for the purpose of soliciting contributions to solicit contributions from such committee. |
|        | NAME OF COMMITTEE (In Full)  Massachusetts Republican State Cong                              | gressional Committee   |   |
|        | Full Name (Last, First, Middle Initial)<br>Steven Snider                                      |  | Date of Receipt   |
|        | Mailing Address 114 Shornecliffe Road   | Ctata 7in Cada   | 10 DD YYYYY<br>2008   |
|        | City<br>Newton  | State Zip Code MA 02458-2421   | Transaction ID: 81017.C171175  Amount of Each Receipt this Period                             |
|        | FEC ID number of contributing federal political committee.                                    | C  | 5000.00   |
|        | Name of Employer<br>Pyramis Global Advisors   | Occupation Portfolio Manager   | Receipt   |
|        | Receipt For:  Primary General  Other (specify)  | Aggregate Year-to-Date ▼ 10000.00  |   |
| _      | Full Name (Last, First, Middle Initial) Elaine Tierney  | <u> </u>   | Date of Receipt   |
|        | Mailing Address 82 Lionel Ave Apt D   |  | 10 10 / Y Y Y Y Y   |
|        | City  | State Zip Code   | Transaction ID: 81017.C171275   |
|        | Waltham FEC ID number of contributing federal political committee.                            | MA 02451   | Amount of Each Receipt this Period 500.00   |
|        | Name of Employer<br>Information Requested   | Occupation Information Requested   | Receipt   |
|        | Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 500.00  |   |
|        | Full Name (Last, First, Middle Initial)<br>Stephen Washburn                                   | <u> </u>   | Date of Receipt   |
|        | Mailing Address 80 Somerset Street  |  | 10 07 2008  |
|        | City  | State Zip Code   | Transaction ID: 81017.C171188   |
|        | Belmont  FEC ID number of contributing federal political committee.                           | MA 02478   | Amount of Each Receipt this Period  100.00  |
|        | Name of Employer<br>Self Employed   | Occupation Psychiatry  | Receipt   |
|        | Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 200.00  |   |
| Г      | SUBTOTAL of Receipts This Page (optional)   | L  | 5600.00   |

| SCHEDULE A (FEC Form 3X)  |                              |   | FOR LINE NUMBER: PAGE 12/36   |
|---|------------------------------|---|---|
| ITEMIZED RECEIPTS   |                              | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | (check only one)    X   11a   |
| Any information copied from such Reports and S or for commercial purposes, other than using the | Statements mage name and add | y not be sold or used by any persodress of any political committee to         | on for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full)  Massachusetts Republican State Cong                                | grassional C                 | ommittee  |   |
| Massachusetts nepublican State Cont   | gressional C                 | ommittee<br>  |   |
| Full Name (Last, First, Middle Initial) Paul Watkins  |                              |   | Date of Receipt   |
| Mailing Address 63 Garden Rd. DO NOT MAIL   |                              |   | 10 07 2008  |
| City  | State                        | Zip Code  | Transaction ID: 81017.C171187   |
| Wellesley   | MA                           | 02481   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                                      | C                            |   | 200.00  |
| Name of Employer<br>Retired   | Occupatio<br>Retired         | n   | Receipt   |
| Receipt For: Primary General Other (specify)  | Aggregate                    | e Year-to-Date ▼<br>200.00  | 1   |

| SUBTOTAL of Receipts This Page (optional)           | <b>•</b> | 200.00   |
|---|----------|----------|
| TOTAL This Period (last page this line number only) | <b>•</b> | 11300.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 13 / 36 (check only one)  11a 11b 11c X 12           |
|---|---|--|
| Any information copied from such Reports and St or for commercial purposes, other than using the                              |   |  |
| NAME OF COMMITTEE (In Full)  Massachusetts Republican State Cong  | ressional Committee   |  |
| Full Name (Last, First, Middle Initial) Republican National Committee  Mailing Address 310 First Street SE PO Box 77416  City | State Zip Code  | Date of Receipt    M M   |
| Washington  FEC ID number of contributing federal political committee.  Name of Employer Political Committee                  | DC 20003- C C00003418  Occupation                                       | Amount of Each Receipt this Period  6000.00  Transfers From Affil./Aut- h. |
| Receipt For: Primary General Other (specify)  | FEC ID: C00003418  Aggregate Year-to-Date ▼  67000.00                   | 1  |

| SUBTOTAL of Receipts This Page (optional)           | <b>•</b> | 6000.00 |
|---|----------|---------|
| TOTAL This Period (last page this line number only) | <b>•</b> | 6000.00 |

C.

| SCHEDULE B (FEC Form 3X)   |                                     | arate schedule(s)               |    |   | OR LIN      |   |                       | R:         |              | P              | AGE              | 14/          | 36        |
|--|-------------------------------------|---------------------------------|----|---|-------------|---|-----------------------|------------|--------------|----------------|------------------|--------------|-----------|
| ITEMIZED DISBURSEMENTS   |                                     | category of the<br>Summary Page | ۱. | X | _           |   | 22<br>28a             | П          | 23<br>28b    | 24<br>28c      |                  | 25<br>29     | 26<br>30b |
| Any Information copied from such Reports and Statem or for commercial purposes, other than using the nam |                                     |                                 |    |   |             |   | the pu                |            | se of so     |                |                  |              |           |
| NAME OF COMMITTEE (In Full)  |                                     |                                 |    |   |             |   |                       |            |              |                |                  |              |           |
| Massachusetts Republican State Congress  | sional Con                          | nmittee                         |    |   |             |   |                       |            |              |                |                  |              |           |
| Full Name (Last, First, Middle Initial) Frontier Technology MicroAge                                     |                                     |                                 |    |   |             |   |                       |            | on ID:       | 81017<br>ement | 7.E1             | 0673         |           |
| Mailing Address PO Box 29451   |                                     |                                 |    |   |             |   | 1 <sup>M</sup> 0      | М          | 0            | D /            | 2                | 0 0 8        | B Y       |
| City<br>Phoenix  | State<br>AZ                         | Zip Code<br>85062-              |    |   |             |   | Amou                  | int o      | f Each       | Disburse       | emer             | t this F     | Period    |
| Purpose of Disbursement Computer/ Printer supplies   |                                     |                                 | Г  | v |             |   |                       |            |              |                | 58               | 355.78       | 3         |
| Candidate Name   |                                     |                                 |    |   | gory/<br>pe |   |                       |            |              |                |                  |              |           |
| Office Sought: House Disburse Senate President State: District:  | ment For:<br>Primary<br>Other (spe  | General cify) ▼                 |    |   |             |   | COM                   | PUT        | ΓER/ I       | PRINTE         | R S              | UPPL         | IES       |
| Full Name (Last, First, Middle Initial)  |                                     |                                 |    |   |             |   | T                     |            | ID-          | 0101           | 7 🗆              | 0000         |           |
| Scr & Associates, LLC  |                                     |                                 |    |   |             |   | Date                  |            | isburse      | 81017<br>ement |                  |              | V         |
| Mailing Address 4 Leblanc Dr   |                                     |                                 |    |   |             |   | 1 0                   | IVI .      |              | 1 ′            | 2                | 0 0 8        | 3         |
| City<br>Danvers  | State<br>MA                         | Zip Code<br>01923-              |    |   |             |   | Amou                  | int o      | f Each       | Disburse       | -                |              |           |
| Purpose of Disbursement<br>Fundraising Consultant Fee  |                                     |                                 |    |   |             |   | L.                    | -          |              |                | 50               | 00.00        | )         |
| Candidate Name   |                                     |                                 |    |   | gory/<br>pe |   |                       |            |              |                |                  |              |           |
| Office Sought: House Disburse Senate President State: District:  | ement For:<br>Primary<br>Other (spe | General ecify) ▼                |    |   |             |   | FUND                  | RA         | ISINO        | G CONS         | SUL <sup>-</sup> | ΓANT         | FEE       |
| Full Name (Last, First, Middle Initial)  |                                     |                                 |    |   |             | + | _                     |            |              |                |                  |              |           |
| Southwest Airlines   |                                     |                                 |    |   |             |   | Date of               | of Di      | isburse      |                |                  |              |           |
| Mailing Address P.O. Box 36647 - 1CR   |                                     |                                 |    |   |             |   | 1 <sup>M</sup> 0      | М          | 0            | <b>1</b> /     | ` 2              | οδε          | B *       |
| City<br>Dallas   | State<br>TX                         | Zip Code<br>75235-1647          |    |   |             |   | Amou                  | int o      | f Each       | Disburse       | -                |              |           |
| Purpose of Disbursement C. Faulkner reimbursement for airfare for training                               |                                     |                                 |    |   |             |   | L.                    |            |              |                | , (              | 325.00       | )         |
| Candidate Name   |                                     |                                 |    |   | gory/<br>pe |   |                       |            |              |                |                  |              |           |
| Office Sought: House Disburse Senate President   | ment For:<br>Primary<br>Other (spe  | General cify) ▼                 |    |   |             |   | C. FA<br>FOR <i>i</i> | ULI<br>AIR | KNER<br>Fare | REIME<br>FOR T | BUR              | SEME<br>NING | ENT       |
| State: District:   |                                     |                                 |    |   |             |   |                       |            |              |                |                  |              |           |
| SUBTOTAL of Disbursements This Page (optional)   |                                     |                                 |    |   | <u> </u>    |   |                       |            |              |                | 111              | 80.78        | 3         |

C.

| SCHEDULE B (FEC Form 3X)  |                                    | rate schedule(s)                |         |   | OR LIN        |   |                  | R:    |           | Р                          | AGE      | 15 / 3    | 36        |
|---|------------------------------------|---------------------------------|---------|---|---------------|---|------------------|-------|-----------|----------------------------|----------|-----------|-----------|
| ITEMIZED DISBURSEMENTS  |                                    | category of the<br>Summary Page |         | _ | 21b<br>27     | F | 22<br>28a        | П     | 23<br>28b | 24<br>28c                  | F        | 25<br>29  | 26<br>30b |
| Any Information copied from such Reports and Statem or for commercial purposes, other than using the name |                                    |                                 |         |   |               |   |                  |       |           |                            |          |           | ;         |
| NAME OF COMMITTEE (In Full)   | , a. a. a. a. a.                   | o o any pomoa                   | -       |   |               |   |                  |       |           |                            |          |           |           |
| Massachusetts Republican State Congress   | ional Com                          | ımittee                         |         |   |               |   |                  |       |           |                            |          |           |           |
| Full Name (Last, First, Middle Initial) Blue Cross Blue Shield of Massachusetts                           |                                    |                                 |         |   |               |   |                  |       | on ID:    | 8101 <sup>°</sup><br>ement | 7.E1     | 0712      |           |
| Mailing Address Landmark Center 401 Park Drive  |                                    |                                 |         |   |               |   | 1 <sup>M</sup> 0 | М     | 1         | 0 /                        | Y        | ó o è     | 3 Y       |
| City  | State<br>MA                        | Zip Code<br>02215-              |         |   |               |   | Amou             | nt o  | f Each    | Disburs                    | emer     | nt this F | Period    |
| Purpose of Disbursement<br>Health Insurance   |                                    |                                 | Г       | 0 |               |   |                  |       |           |                            | 3        | 163.4     | 1         |
| Candidate Name  |                                    |                                 |         |   | egory/<br>/pe |   |                  |       |           |                            |          |           |           |
| Office Sought: House Disburse Senate President State: District:   | ment For:<br>Primary<br>Other (spe | General cify) ▼                 |         |   |               |   | HEAL             | TH    | INSU      | IRANCE                     | <u> </u> |           |           |
| Full Name (Last, First, Middle Initial)   |                                    |                                 |         |   |               |   | Trans            |       | ID:       | 8101                       | 7 🗆      | 0710      |           |
| Css Castle Self-Storage   |                                    |                                 |         |   |               |   | Date o           |       | sburse    |                            |          |           | Y         |
| Mailing Address 39 Old Colony Ave.  |                                    |                                 |         |   |               |   | 1 0              |       | 1         | Ŏ /                        | 2        | 0 0 8     | 3         |
| •   | State<br>MA                        | Zip Code<br>02127-              |         |   |               |   | Amou             | nt o  | f Each    | Disburs                    | emer     | nt this F | Period    |
| Purpose of Disbursement<br>Storage  |                                    |                                 |         |   |               |   | L.               | 0     |           |                            | . ;      | 329.00    | )         |
| Candidate Name  |                                    |                                 |         |   | egory/<br>/pe |   |                  |       |           |                            |          |           |           |
| Senate President  | ment For:<br>Primary<br>Other (spe | General cify) ▼                 |         |   |               |   | STOF             | RAG   | iΕ        |                            |          |           |           |
| State: District:  |                                    |                                 |         |   |               |   |                  |       |           |                            |          |           |           |
| Full Name (Last, First, Middle Initial) FLS Connect   |                                    |                                 |         |   |               |   | Date o           | of Di | sburse    |                            |          |           | v         |
| Mailing Address 7300 Hudson Blvd. Ste   |                                    |                                 |         |   |               |   | 1 <sup>M</sup> 0 | М     | 0         | 1 /                        | Y 2      | 0 0 8     | 3         |
|   | State<br>MN                        | Zip Code<br>55128-              |         |   |               |   | Amou             | nt o  | f Each    | Disburs                    | emer     | nt this F | Period    |
| Purpose of Disbursement<br>Voter Contact  |                                    |                                 |         |   |               |   | L.               |       |           |                            | ,        | 300.00    | )         |
| Candidate Name  |                                    |                                 |         |   | egory/<br>/pe |   |                  |       |           |                            |          |           |           |
| Office Sought: House Disburse Senate President  | ment For:<br>Primary<br>Other (spe | General                         |         |   |               |   | VOTE             | R (   | CONT      | ACT                        |          |           |           |
| State: District:  | Juinor (Sper                       | <del>-</del>                    |         |   |               |   |                  |       |           |                            |          |           |           |
| SUBTOTAL of Disbursements This Page (optional) .  | <u>.</u>                           | <u></u>                         | <u></u> |   | . <b>•</b>    |   |                  |       |           |                            | 37       | 92.4      | 1         |

| _          | CHEDULE B (FEC Form 3X)   | Use separate schedule(s                           | :)     | _             |                      | NUMBE            | R:    |           |     |            | PA       | GE       | 16/      | 36             |
|------------|---|---|--------|---------------|----------------------|------------------|-------|-----------|-----|------------|----------|----------|----------|----------------|
| T          | EMIZED DISBURSEMENTS  | for each category of the<br>Detailed Summary Page | ,      | X             | eck onl<br>21b<br>27 | 22<br>28a        |       | 23<br>28b |     | 22         |          |          | 25<br>29 | 3              |
|            | y Information copied from such Reports and Statem<br>for commercial purposes, other than using the name |   |        |               |                      |                  |       |           |     |            |          |          |          | 3              |
| \ <u>\</u> | NAME OF COMMITTEE (In Full)   | c and address of any pointer                      | 21 001 |               | 00 10 00             | mon oom          | iibat | 10110     |     | ii ouc     | ,,,,     | J. 11111 | iittoo   |                |
|            | Massachusetts Republican State Congress   | sional Committee                                  |        |               |                      |                  |       |           |     |            |          |          |          |                |
|            | Full Name (Last, First, Middle Initial) Bloomington Crowne Plaza  |   |        |               |                      | Trans<br>Date    |       |           |     |            | 17.      | E10      | 0680     |                |
|            | Mailing Address 5401 Green Valley Dr.   |   |        |               |                      | 1 <sup>M</sup> 0 | М     | / D       | 0   | D /        | Y        | ž        | o ŏ e    | 3 <sup>Y</sup> |
|            | City<br>Minneapolis   | State Zip Code<br>MN 55437-                       |        |               |                      | Amou             | ınt o | f Eac     | h [ | Disbu      | rser     |          |          | Period         |
|            | Purpose of Disbursement<br>Brunch Fee   |   |        | •             |                      | L.               | _     | _         |     |            |          | 33       | 95.8     | 0              |
|            | Candidate Name  |   | С      | atego<br>Type |                      |                  |       |           |     |            |          |          |          |                |
|            | Senate President  | ement For: Primary General Other (specify)        |        |               |                      | BRUI             | NCH   | l FE      | E   |            |          |          |          |                |
| _          | State: District:  Full Name (Last, First, Middle Initial)   |   |        |               |                      |                  |       |           | _   |            |          |          |          |                |
| ı          | DataMarks   |   |        |               |                      | Trans<br>Date    |       | -         | ser | ment       | 17.      |          |          | V              |
|            | Mailing Address 37B Averill Street, PO. B   | ox 68   |        |               |                      | 1 <sup>M</sup> 0 |       |           | 0   | <b>1</b> / | Y        | ž        | o ŏ 8    | 3 1            |
|            | City<br>Topsfield   | State Zip Code<br>MA 01983-                       |        |               |                      | Amou             | unt o | f Eac     | h [ | Disbu      | rser     |          |          | Period         |
|            | Purpose of Disbursement<br>Mail Processing  |   |        | •             |                      |                  |       |           |     |            |          | 5        | 93.0     | 3              |
|            | Candidate Name  |   | С      | atego<br>Type |                      |                  |       |           |     |            |          |          |          |                |
|            | Senate President  | ement For: Primary General Other (specify)        |        |               |                      | MAIL             | PR    | OCE       | ΞS  | SING       | à        |          |          |                |
| _          | State: District: Full Name (Last, First, Middle Initial)  |   |        |               |                      |                  |       |           | _   | 040        | 47       |          |          |                |
|            | Christopher Faulkner  |   |        |               |                      | Trans<br>Date    | of D  | isbur     | sei | ment       | 17.<br>Y |          |          | Y              |
|            | Mailing Address 12800 Sandy Court   |   |        |               |                      | 1 0              |       | L         | 0   | 1          | L        | 2        | 0 0 8    | 3              |
|            | City<br>Granger   | State Zip Code IN 46530-                          |        |               |                      | Amo              | unt o | f Eac     | h [ | Disbu      | rser     | nent     | this I   | Period         |
|            | Purpose of Disbursement Reimbursement - see below   |   | Г      |               |                      | L.               |       | _         |     |            |          | 3        | 25.0     | 0              |
|            | Candidate Name  |   | C      | atego<br>Type |                      |                  |       |           |     |            |          |          |          |                |
|            | Senate President  | ement For: Primary General Other (specify)        |        |               |                      | REIM             | IBU   | RSE       | MI  | ENT        | - S      | EE       | BELO     | WC             |
| _          | State: District:  |   |        |               |                      |                  |       |           |     |            |          |          |          |                |
|            |   |   |        |               |                      |                  | -     |           | _   |            | -        |          | _        |                |

|                       | CHEDOLE B (FEC FOIIII 3X  | Use separate schedule(s)                             |                   | INE NUMBER: PAGE 17 / 36 only one)  |
|-----------------------|---|--|-------------------|---|
|                       | EMIZED DISBURSEMENTS  | Detailed Summary Page                                | X 211             | b 22 23 24 25 2<br>28a 28b 28c 29   |
|                       | y Information copied from such Reports and or commercial purposes, other than using the |  |                   | son for the purpose of soliciting contributions                                     |
| $\sum_{i=1}^{\infty}$ | NAME OF COMMITTEE (In Full)  Massachusetts Republican State Co                          | ··   |                   |   |
| <u>/</u>              | Full Name (Last, First, Middle Initial) Federal Express (Fed Ex)                        |  |                   | Transaction ID: 81017.E10675 Date of Disbursement                                   |
|                       | Mailing Address PO Box 371461   |  |                   | 10 M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
|                       | City<br>Pittsburgh  | State Zip Code<br>PA 15250-                          |                   | Amount of Each Disbursement this Perio  |
|                       | Purpose of Disbursement Express Mail Candidate Name                                     |  | Catanani          | 212.25  |
|                       |   |  | Category/<br>Type |   |
|                       | Senate President  | isbursement For:  Primary General  Other (specify)   |                   | EXPRESS MAIL  |
|                       | State: District: Full Name (Last, First, Middle Initial) Aaron Goulette                 |  |                   | Transaction ID: 81017.E10778  |
|                       | Mailing Address 65 Victoria St. #20   |  |                   | Date of Disbursement  M M M D D D Y Y Y Y O N 8                                     |
|                       | City<br>Manchester  | State Zip Code<br>NH 03101-                          |                   | Amount of Each Disbursement this Perio  |
|                       | Purpose of Disbursement Reimbursement see below   | 1411 00101   | * *               | 524.27  |
|                       | Candidate Name  |  | Category/<br>Type | -   |
|                       | Office Sought:    House   D     Senate   President     State: District:                 | isbursement For:  Primary General  Other (specify) ▼ |                   | REIMBURSEMENT SEE BELOW   |
|                       | Full Name (Last, First, Middle Initial)<br>Staples, Inc.                                |  |                   | Transaction ID: 81017.E10779 Date of Disbursement                                   |
|                       | Mailing Address Staples Credit Plan<br>Dept. 80 - 0088936                               |  |                   | 1 0 M / D D D / Y Y Y O O 8 Y   |
|                       | City Des Moines   | State Zip Code IA 50368-9020                         |                   | Amount of Each Disbursement this Perio  |
|                       | Purpose of Disbursement A. Goulette reimibursement for office suppl Candidate Name      | es and furniture                                     | Category/<br>Type |   |
|                       | Senate President  | isbursement For: Primary General Other (specify)     | . , , p           | [MEMO ITEM]  MEMO: A. GOULETTE REIMIBU- RSEMENT FOR OFFICE SUPPLI- ES AND FURNITURE |
|                       | State: District:  |  |                   |   |

| SCHEDULE B (FEC Form 3X)  | Use separate schedule(s)                       |                 | LINE N     | NUMBER:<br>one)       |                 | P          | AGE 18     | / 36     |          |
|---|--|-----------------|------------|-----------------------|-----------------|------------|------------|----------|----------|
| TEMIZED DISBURSEMENTS   | for each category of the Detailed Summary Page | X 2             | 21b        | 22<br>28a             | 23<br>28b       | 24<br>28c  | 25<br>29   |          | 26<br>30 |
| ny Information copied from such Reports and State r for commercial purposes, other than using the nar |  |                 |            |                       |                 |            |            |          |          |
| NAME OF COMMITTEE (In Full)  Massachusetts Republican State Congres                                   | sional Committee                               |                 |            |                       |                 |            |            |          |          |
| Full Name (Last, First, Middle Initial) James Greene  |  |                 |            | Transact<br>Date of D | isbursen        | nent       |            |          |          |
| Mailing Address 3 Brown Terrace   |  |                 |            | 1 0 M                 | 1 (             | <b>D</b> / | žoŏ        | 8        |          |
| City<br>Jamaica Plain   | State Zip Code<br>MA 02130-                    |                 |            | Amount o              | of Each D       | Disburse   | ement this | Perio    | od       |
| Purpose of Disbursement Reimbursement for mileage Candidate Name                                      |  | Categor         | v/         | L                     |                 |            | 127.       | 94       |          |
| Office Sought: House Disburs  | ement For: Primary General                     | Type            | <b>y</b> , | REIMBU                | RSEME           | ENT FO     | OR MILE    | EAGE     | E        |
| State: District:  Full Name (Last, First, Middle Initial)   | Other (specify)                                |                 |            | Tuanaaat              | : ID:           | 0101       | 7 = 1070   |          |          |
| Guardian Guardian   |  |                 |            | Transact Date of D    | isbursen        |            |            |          |          |
| Mailing Address Boston Group Office 1 Liberty Square  |  |                 |            | 1 0                   | 0 1             |            | žoŏ        | 8        |          |
| City<br>Boston  | State Zip Code<br>MA 02109-                    |                 |            | Amount o              | of Each D       | Disburse   |            |          | od       |
| Purpose of Disbursement Dental Insurance Candidate Name   |  | Categor         | y/         |                       |                 |            | 499.       | /5       |          |
| Office Sought: House Disburs Senate President State: District:  | ement For: Primary General Other (specify)     | Туре            |            | DENTAL                | . INSUF         | RANCE      | <u> </u>   |          |          |
| Full Name (Last, First, Middle Initial)<br>Bruce Harrison   |  |                 |            | Transact<br>Date of D |                 |            | 7.E1067    | 6        |          |
| Mailing Address 101 Elm St  |  |                 |            | 1 0 M                 | 0 1             | 1 /        | žoŏ        | 8        |          |
| City<br>Wakefield   | State Zip Code<br>MA 01880-                    |                 |            | Amount o              | of Each D       | Disburse   | ement this | Perio    | od       |
| Purpose of Disbursement<br>Reimbursement for travel mail and office supplies                          | 3  |                 |            |                       |                 |            | 165.       | 00       | _        |
| Candidate Name  |  | Categor<br>Type | y/         |                       |                 |            |            |          |          |
| Office Sought:  House Senate President State:  Disburs  | ement For: Primary General Other (specify)     |                 |            | REIMBU<br>MAIL AN     | RSEME<br>ID OFF | ENT FO     | OR TRA     | VEL<br>S |          |
| SUBTOTAL of Disbursements This Page (optional)  |  |                 | <u> </u>   |                       |                 |            | 792.       | 69       | _        |
|   |  |                 |            |                       |                 | -          |            |          | _        |

C.

| SCHEDULE B (FEC Form 3X)   |                                   |                 | ΙF          | OBLIN         | IE NUMBI           | =R·        |                | P/                | GF        | 19 / 3       | 36       |           |
|--|-----------------------------------|-----------------|-------------|---------------|--------------------|------------|----------------|-------------------|-----------|--------------|----------|-----------|
| TEMIZED DISBURSEMENTS  | Use separate so for each categor  |                 | (           | check or      | nly one)           |            |                |                   |           |              | _        |           |
|  | Detailed Summa                    | ary Page        | $\parallel$ | 21b<br>27     | 22<br>28a          | -          | 23<br>28b      | 24<br>28c         | $\vdash$  | 25<br>29     |          | 26<br>30b |
| Any Information copied from such Reports and Statem                                |                                   |                 |             |               |                    |            |                |                   |           |              | 5        |           |
| or for commercial purposes, other than using the name  NAME OF COMMITTEE (In Full) | and address of ar                 | ny political co | mm          | ittee to s    | solicit con        | tribut     | ions fro       | om such o         | comr      | nittee       |          |           |
| Massachusetts Republican State Congress  | ional Committe                    | е               |             |               |                    |            |                |                   |           |              |          |           |
| Full Name (Last, First, Middle Initial)  |                                   |                 |             |               | 1                  |            |                | 81017             | '.E1      | 0677         |          |           |
| Bruce Harrison   |                                   |                 |             |               | Date               | of D       | isburse        |                   | ′ Y       | Y            | Υ        |           |
| Mailing Address 101 Elm St   |                                   |                 |             |               | 1 0                |            | 0              | 2 /               | 2         | 0 0 8        | 3        |           |
| •  | State Zip C<br>MA 0188            |                 |             |               | Amo                | unt c      | f Each         | Disburse          | men       | t this I     | Peric    | od        |
| Purpose of Disbursement  |                                   | Īг              |             | •             | T L.               |            |                |                   | 10        | 0.00         | )        |           |
| Administrative Assistance Candidate Name   |                                   |                 | Cate        | egory/        |                    |            |                |                   |           |              |          |           |
|  |                                   |                 |             | pe<br>pe      |                    |            |                |                   |           |              |          |           |
| Office Sought: House Disburse Senate President State: District:                    | ment For: Primary Other (specify) | General         |             |               | ADM                | INIS       | STRAT          | ΓIVE AS           | SIS       | TANC         | Œ        |           |
| Full Name (Last, First, Middle Initial)  |                                   |                 |             |               | Tran               |            | ion ID         | 81017             | · [1      | 0700         |          |           |
| Amber Hillman  |                                   |                 |             |               | 1                  |            | isburs         | ement             | .EI       | 0760         |          |           |
| Mailing Address 78 Commercial St. #3   |                                   |                 |             |               | 1 <sup>M</sup> 0   | М          | / <b>1</b>     | 0 /               | ž         | 0 0 8        | 3 Y      |           |
| •  | State Zip C<br>MA 022             |                 |             |               | Amo                | unt c      | f Each         | Disburse          | men       | t this I     | Perio    | od        |
| Purpose of Disbursement  | IVIA UZZ                          | 13-             | -           | -             |                    |            |                |                   | 2         | 256.0        | 3        |           |
| A. Hillman reimbursement for parking food and trav                                 | rel                               | L               | 0-4-        |               |                    |            |                |                   |           |              |          |           |
| Candidate Name   |                                   | '               |             | egory/<br>vpe |                    |            |                |                   |           |              |          |           |
| Office Sought: House Disburse Senate President State: District:                    | ment For: Primary Other (specify) | General         |             |               | A. HI<br>FOR<br>EL | LLN<br>PA  | MAN R<br>RKING | REIMBUF<br>G FOOD | RSE<br>AN | MEN<br>ID TR | T<br>AV- | -         |
| Full Name (Last, First, Middle Initial)  |                                   |                 |             |               | Tran               | sact       | ion ID:        | 81017             | '.E1      | 0782         |          |           |
| Amber Hillman  |                                   |                 |             |               |                    |            | isburse        |                   | , · · v   | , · v ·      | V        |           |
| Mailing Address 78 Commercial St. #3   |                                   |                 |             |               | 1 <sup>M</sup> 0   | IVI        | 1              | 0 /               | 2         | 0 0 8        | 3 '      |           |
|  | State Zip C<br>MA 022             |                 |             |               | Amo                | unt c      | f Each         | Disburse          | men       | t this f     | Perio    | od        |
| Purpose of Disbursement  |                                   | <br>            |             | -             | † L.               |            |                |                   |           | 84.5         | 9        |           |
| Reimbursement for parking food and travel  Candidate Name                          |                                   | —— L            | Cato        | egory/        |                    |            |                |                   |           |              |          |           |
|  |                                   |                 |             | pe            |                    |            |                |                   |           |              |          |           |
| Senate President   | ment For: Primary Other (specify) | General         |             |               | REIN<br>FOO        | /BU<br>D A | RSEN<br>ND TI  | MENT FOR          | )R F      | PARK         | ING      | à         |
| State: District:   |                                   |                 |             |               |                    |            |                |                   |           |              |          |           |
| SUBTOTAL of Disbursements This Page (optional)                                     |                                   |                 |             | . <b>•</b>    |                    |            |                |                   | 13        | 40.6         | 5        |           |

В.

C.

| SCHEDULE B (FEC Form 3X)  |   | FOR LINE          | NUMBER:  | PA         | GE 20/                                | 36             |
|---|---|-------------------|--|------------|---------------------------------------|----------------|
| ITEMIZED DISBURSEMENTS  | Use separate schedule(s) for each category of the | (check only       |  |            |                                       |                |
|   | Detailed Summary Page                             | X 21b 27          | 22 23<br>28a 28b                                   | 24<br>28c  | 25<br>29                              | 26<br>30b      |
| Any Information copied from such Reports and Stater                       | nents may not be sold or used by                  |                   |  |            |                                       |                |
| or for commercial purposes, other than using the name                     |   |                   |  |            |                                       |                |
| NAME OF COMMITTEE (In Full)   |   |                   |  |            |                                       |                |
| / Massachusetts Republican State Congres                                  | sional Committee                                  |                   |  |            |                                       |                |
| Full Name (Last, First, Middle Initial) Amber Hillman                     |   |                   | Transaction ID                                     |            | '.E10781                              |                |
| Anbernminan   |   |                   | M M / D  | D / N      | , , , , , , , , , , , , , , , , , , , | Y              |
| Mailing Address 78 Commercial St. #3                                      |   |                   | 1 0  | 10         | Ž 0 Ŏ 8                               | 3              |
| City<br>Boston  | State Zip Code<br>MA 02215-                       |                   | Amount of Eac                                      | h Disburse | ment this I                           | Period         |
| Purpose of Disbursement   | Г   |                   |  |            | 311.0                                 | 8              |
| Reimbursement see below   |   |                   |  |            |                                       |                |
| Candidate Name  |   | Category/<br>Type |  |            |                                       |                |
| Senate President  | ement For: Primary General Other (specify)        |                   | REIMBURSE  | MENT SE    | EE BELO                               | W              |
| State: District:  |   |                   |  |            |                                       |                |
| Full Name (Last, First, Middle Initial) Bjs Wholesale Club                |   |                   | Transaction ID  Date of Disburs                    |            | '.E10784                              |                |
| Mailing Address 909 The Fellsway  |   |                   | 1 0 M  | 10 /       | ŽOĎ                                   | 3 Y            |
| City<br>Medford   | State Zip Code<br>MA 02155-                       |                   | Amount of Eac                                      | h Disburse | ment this I                           | Period         |
| Purpose of Disbursement  A. Hillman reimbursement for food and office sup | blies   |                   |  |            | 311.0                                 | 8              |
| Candidate Name  |   | Category/<br>Type |  |            |                                       |                |
| Senate<br>President   | ement For: Primary General Other (specify)        | 71                | [MEMO ITEM<br>MEMO: A. HI<br>EMENT FOR<br>SUPPLIES |            | REIMBUR<br>ND OFFI                    | S-<br>CE       |
| State: District: Full Name (Last, First, Middle Initial)                  |   |                   |  |            |                                       |                |
| Amber Hillman   |   |                   | Transaction ID  Date of Disburs                    |            | .E10/83                               |                |
| Mailing Address 78 Commercial St. #3                                      |   |                   | 10 M / D   | 10 /       | ŽOŠ                                   | B <sup>Y</sup> |
| City<br>Boston  | State Zip Code<br>MA 02215-                       |                   | Amount of Eac                                      | h Disburse | ment this I                           | Period         |
| Purpose of Disbursement   | Г   | * *               |  |            | 266.5                                 | 2              |
| Reimbursement see below   |   |                   |  |            |                                       |                |
| Candidate Name  |   | Category/<br>Type |  |            |                                       |                |
| Office Sought: House Disburs Senate President                             | ement For:  Primary General  Other (specify)      |                   | REIMBURSE  | MENT SE    | EE BELO                               | W              |
| State: District:  |   |                   |  |            |                                       |                |
| SUBTOTAL of Disbursements This Page (optional)                            |   |                   |  |            | 577.6                                 |                |
| 222.2.7.2 3. 2.35aresmente imo i age (optional)                           |   |                   |  |            |                                       |                |

| 9          | SCHEDULE B (FEC Form 3X)  | Use sepa                            | rate schedule(s)             |      | _           |                       | NUMBE            | R:         |                  |          | PA        | GE      | 21 / 3   | 36        |
|------------|---|-------------------------------------|------------------------------|------|-------------|-----------------------|------------------|------------|------------------|----------|-----------|---------|----------|-----------|
| ľ          | TEMIZED DISBURSEMENTS   | for each o                          | category of the Summary Page |      | X           | eck only<br>21b<br>27 | 22<br>28a        |            | 23<br>28b        | П        | 24<br>28c |         | 25<br>29 | 26<br>30b |
|            | ny Information copied from such Reports and Statem r for commercial purposes, other than using the name |                                     |                              |      |             |                       |                  |            |                  |          |           |         |          |           |
| K          | NAME OF COMMITTEE (In Full)   | and addres                          | ss or arry political         | COII | 1111111     | ee 10 S0              | iicii com        | iibui      | 10115 11         | OIII S   | Sucric    | ,011111 | iiiiee   |           |
|            | Massachusetts Republican State Congress   | ional Com                           | ımittee                      |      |             |                       |                  |            |                  |          |           |         |          |           |
| <b>A</b> . | Full Name (Last, First, Middle Initial)<br>Lyndsay Jones  |                                     |                              |      |             |                       |                  |            | ion ID<br>isburs |          |           | .E10    | 0766     |           |
|            | Mailing Address 16 Oval Road  |                                     |                              |      |             |                       | 1 <sup>M</sup> 0 | М          | / D              | 0 1      | / Y       | ž       | o ŏ e    | Y         |
|            | •   | State<br>MA                         | Zip Code<br>02170-           |      |             |                       | Amo              | unt c      | f Each           | n Dis    | burse     | -       | -        |           |
|            | Purpose of Disbursement Reimbursement for travel and parking  |                                     |                              | Г    | v           |                       | L.               | -          | _                |          |           | 1       | 16.79    | 9         |
|            | Candidate Name  |                                     |                              | С    | ateg        |                       |                  |            |                  |          |           |         |          |           |
|            | Office Sought: House Disburse Senate President State: District:   | ment For:<br>Primary<br>Other (spec | General cify) ▼              |      |             |                       | REIM<br>AND      | 1BU<br>PAI | RSEN<br>RKING    | MEN<br>G | IT FC     | OR T    | RAV      | EL        |
| _          | Full Name (Last, First, Middle Initial)   |                                     |                              |      |             |                       |                  |            |                  |          | 1017      |         | 2205     |           |
| В.         | Brett Kasper  |                                     |                              |      |             |                       | Date             | of D       | ion ID<br>isburs | _        | -         |         |          | Υ         |
|            | Mailing Address 43 Eastern Ave. Apt. 3  |                                     |                              |      |             |                       | 1 0              | IWI        | 1                | 1 Ŏ      | Ĺ         | 2       | o ŏ e    |           |
|            | •   | State<br>MA                         | Zip Code<br>01902-           |      |             |                       | Amo              | unt c      | f Each           | n Dis    | burse     | ment    | this F   | Period    |
|            | Purpose of Disbursement Fundraising Assistance Fee  |                                     |                              | Γ    |             |                       |                  |            |                  |          |           | . 4     | 00.00    | )         |
|            | Candidate Name  |                                     |                              | С    | ateg<br>Typ |                       |                  |            |                  |          |           |         |          |           |
|            | Office Sought: House Disburse Senate President State: District:   | ment For:<br>Primary<br>Other (spec | General cify) ▼              |      |             |                       | FUNI             | ORA        | AISIN(           | G A      | SSIS      | TAN     | ICE F    | EE        |
| C.         | Full Name (Last, First, Middle Initial)<br>Barney Keller  |                                     |                              |      |             |                       |                  |            | ion ID<br>isburs | _        | -         | .E10    | 0767     |           |
|            | Mailing Address 187 Lewis Rd.   |                                     |                              |      |             |                       | 1 <sup>M</sup> 0 | М          | / D              | 0 1      | / Y       | ž       | o ŏ e    | Y         |
|            |   | State<br>MA                         | Zip Code<br>02478-           |      |             |                       | Amo              | unt c      | f Each           | n Dis    | burse     | -       | -        |           |
|            | Purpose of Disbursement reimbursement for travel  |                                     |                              |      |             |                       | L.,              |            |                  |          |           | 1       | 27.88    | 3         |
|            | Candidate Name  |                                     |                              | С    | ateg<br>Typ |                       |                  |            |                  |          |           |         |          |           |
|            | Senate<br>President   | ment For:<br>Primary<br>Other (spec | General cify) ▼              |      |             |                       | REIM             | 1BU        | RSEN             | MEN      | IT FC     | OR T    | RAV      | EL        |
| Γ          | State: District:  |                                     |                              |      |             |                       |                  | _          |                  |          |           |         | 44.0     | ,         |
| $\vdash$   | SUBTOTAL of Disbursements This Page (optional) .  |                                     |                              |      |             |                       |                  | 0          |                  |          |           | 64      | 44.67    |           |
|            | TOTAL This Period (last page this line number only)   |                                     |                              |      |             | •                     |                  |            |                  |          |           |         |          |           |

В.

C.

| SCHEDULE B (FEC Form 3X)                                       | Han annuals asked to A                            | FOR LINE          | NUMBER:                             | PAGE 22/36               |
|--|---|-------------------|-------------------------------------|--------------------------|
| ITEMIZED DISBURSEMENTS   | Use separate schedule(s) for each category of the | (check only       | - · -                               |                          |
|  | Detailed Summary Page                             | X 21b 27          | 22 23<br>28a 28b                    | 24 25 26<br>28c 29 30b   |
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| or for commercial purposes, other than using the nan           |   |                   |                                     |                          |
| NAME OF COMMITTEE (In Full)                                    |   |                   |                                     |                          |
| / Massachusetts Republican State Congres                       | ssional Committee                                 |                   |                                     |                          |
| Full Name (Last, First, Middle Initial)<br>Barney Keller       |   |                   | Transaction ID:<br>Date of Disburse | 81017.E10726<br>ement    |
| Mailing Address 187 Lewis Rd.                                  |   |                   | 10 M / DO                           | 8 7 2008                 |
| City<br>Belmont  | State Zip Code<br>MA 02478-                       |                   | Amount of Each                      | Disbursement this Period |
| Purpose of Disbursement Reimbursement for travel and parking   |   | •                 |                                     | 123.79                   |
| Candidate Name   |   | Category/<br>Type |                                     |                          |
| Office Sought: House Disburs Senate President State: District: | ement For: Primary General Other (specify)        |                   | REIMBURSEN<br>AND PARKING           | MENT FOR TRAVEL          |
| Full Name (Last, First, Middle Initial)                        |   |                   | T ID.                               | 04047 540744             |
| Adam Lamontagne  |   |                   | Date of Disburse                    |                          |
| Mailing Address 44 Montclair St.                               |   |                   | 10 1                                | 0 7 2008                 |
| City<br>Chicopee   | State Zip Code MA 01013-                          |                   | Amount of Each                      | Disbursement this Period |
| Purpose of Disbursement Reimbursement for travel and food      |   |                   |                                     | 121.99                   |
| Candidate Name   | C   | Category/<br>Type |                                     |                          |
| Office Sought: House Disburs Senate President State: District: | ement For: Primary General Other (specify)        |                   | REIMBURSEN<br>AND FOOD              | MENT FOR TRAVEL          |
| Full Name (Last, First, Middle Initial)                        |   |                   | Transaction ID:                     | 81017.E10790             |
| Communication, Inc. Majority                                   |   |                   | Date of Disburse                    |                          |
| Mailing Address 274 Marconi Blvd. Suite                        | 260   |                   | 1 0 O                               | D 7 2 0 0 8 Y            |
| City<br>Columbus   | State Zip Code<br>OH 43215-                       |                   | Amount of Each                      | Disbursement this Period |
| Purpose of Disbursement  | .0210   |                   |                                     | 1000.00                  |
| Voter Mail Candidate Name                                      | 0   | Category/<br>Type |                                     |                          |
| Senate<br>President  | ement For: Primary General Other (specify)        | 71                | VOTER MAIL                          |                          |
| State: District:   |   |                   |                                     |                          |
| SUBTOTAL of Disbursements This Page (optional)                 |   | <u></u>           |                                     | 1245.78                  |

|   |  | Use separate schedule(s                        | )        |             | eck only | One)             |       |           |       | FAC       | àE 23/    | 30             |
|---|--|--|----------|-------------|----------|------------------|-------|-----------|-------|-----------|-----------|----------------|
|   | EMIZED DISBURSEMENTS   | for each category of the Detailed Summary Page |          | X           | 21b 27   | 22<br>28a        |       | 23<br>28b |       | 24<br>28c | 25<br>29  | 2 3            |
|   | y Information copied from such Reports and State<br>for commercial purposes, other than using the nan<br>NAME OF COMMITTEE (In Full) | ne and address of any politica                 |          |             |          |                  |       |           |       |           |           |                |
| V | Massachusetts Republican State Congres   | sional Committee                               |          |             |          |                  |       |           |       |           |           |                |
|   | Full Name (Last, First, Middle Initial) Konica Minolta Business Systems  Mailing Address P.O. Box 7247-0322                          |  |          |             |          |                  | of D  | isburs    | ement | -         | E10716    |                |
|   | City<br>Philadelphia   | State Zip Code<br>PA 19170-0322                |          |             |          | Amou             | int o | f Each    | Disb  | ursem     | nent this |                |
|   | Purpose of Disbursement Copier Candidate Name  |  |          | ateg<br>Typ |          |                  | •     | •         |       | •         | 722.9     | 93             |
|   | Office Sought:  House Senate President State:  District:   | ement For:  Primary General  Other (specify) ▼ | <b>I</b> | - 7         |          | COPI             | ER    |           |       |           |           |                |
|   | Full Name (Last, First, Middle Initial) NStar Electric   |  |          |             |          | Date             |       | isburs    | ement |           | E10672    |                |
|   | Mailing Address PO Box 970030<br>DO NOT MAIL   |  |          |             |          | 1 0              |       |           | ) 1   | L         | 200       | 8              |
|   | City<br>Boston   | State Zip Code 02297-0030                      | )        |             |          | Amou             | int o | f Each    | Disb  | ursem     | nent this |                |
|   | Purpose of Disbursement Utilitiy Candidate Name  |  |          | ateg<br>Typ | -        |                  |       | •         |       | •         | 110       |                |
|   | Office Sought: House Senate President State: District:   | ement For:  Primary General  Other (specify) ▼ | <b>!</b> |             |          | UTILI            | TIY   |           |       |           |           |                |
|   | Full Name (Last, First, Middle Initial)<br>NStar Electric  |  |          |             |          | Date             | of D  | isburs    | ement |           | E10717    |                |
|   | Mailing Address PO Box 970030<br>DO NOT MAIL   |  |          |             |          | 1 <sup>M</sup> 0 | М     | / D       | 0     | Y         | žoŏ       | 8 <sup>Y</sup> |
|   | City<br>Boston   | State Zip Code MA 02297-0030                   | )        |             |          | Amou             | int o | f Each    | Disb  | ursem     | ent this  |                |
|   | Purpose of Disbursement Utility Candidate Name   |  | Ca       | ateg        | ory/     | L.               | •     |           |       | •         | 352.1     | 0              |
|   | Office Sought:  House Senate President State:  Disburs   | ement For:  Primary General  Other (specify) ▼ |          | Тур         |          | UTILI            | ΤY    |           |       |           |           |                |
| Г | Į.   |  |          |             |          |                  |       |           |       |           | 1076.5    |                |

В.

C.

| SCHEDULE B (FEC Form 3X)  | Use separate schedule(s)                          | FOR LI            |          |                  | R:                      |          | PAGE | 24 /     | 36             |
|---|---|-------------------|----------|------------------|-------------------------|----------|------|----------|----------------|
| ITEMIZED DISBURSEMENTS  | for each category of the<br>Detailed Summary Page | X 21b             |          | 22<br>28a        | 23<br>28b               | 24       |      | 25<br>29 | 26<br>30b      |
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| NAME OF COMMITTEE (In Full)   |   |                   |          |                  |                         |          |      |          |                |
| Massachusetts Republican State Congress   | sional Committee                                  |                   |          |                  |                         |          |      |          |                |
| Full Name (Last, First, Middle Initial)   |   |                   | 1        | Trans            | action ID               | : 810    | 17.E | 10789    |                |
| Omni Parker House   |   |                   |          | Date o           | of Disburs              | sement   |      |          |                |
| Mailing Address 60 School Street  |   |                   |          | 1 <sup>M</sup> 0 | M / D                   | 0 1      | Y    | ž 0 Ď 8  | В              |
| City<br>Boston  | State Zip Code<br>MA 02108-                       |                   |          | Amou             | nt of Each              | h Disbur | seme | nt this  | Period         |
| Purpose of Disbursement<br>Event Deposit  |   |                   | ī        |                  |                         |          |      | 900.0    | 0              |
| Candidate Name  | '   | Category/<br>Type | '        |                  |                         |          |      |          |                |
| Office Sought: House Disburse Senate President State: District:   | ment For: Primary General Other (specify)         |                   | E        | EVEN             | IT DEPO                 | OSIT     |      |          |                |
| Full Name (Last, First, Middle Initial)   |   |                   |          |                  |                         |          |      |          |                |
| Ox-Eye Properties   |   |                   |          | Date o           | action ID<br>of Disburs | sement   |      |          |                |
| Mailing Address c/o Massey & Co.<br>85 Merrimac Street  |   |                   |          | 1 <sup>M</sup> 0 | M / D                   | 0 1      | Y    | ž 0 Ď 8  | В              |
| City<br>Boston  | State Zip Code<br>MA 02114-                       |                   |          | Amou             | nt of Eacl              | h Disbur |      |          |                |
| Purpose of Disbursement<br>Utilities  |   |                   |          | L.               |                         |          |      | 653.3    | 7              |
| Candidate Name  |   | Category/<br>Type |          |                  |                         |          |      |          |                |
| Senate President  | ment For: Primary General Other (specify) ▼       |                   | ι        | JTILI'           | TIES                    |          |      |          |                |
| State: District:  |   |                   |          |                  |                         |          |      |          |                |
| Full Name (Last, First, Middle Initial) Ox-Eye Properties   |   |                   |          | Date o           | action ID<br>of Disburs | sement   |      |          |                |
| Mailing Address c/o Massey & Co.<br>85 Merrimac Street  |   |                   |          | 1 <sup>M</sup> 0 | M / D                   | 0 1      | Y    | ž 0 Ď 8  | 3 <sup>Y</sup> |
| City<br>Boston  | State Zip Code MA 02114-                          |                   |          | Amou             | nt of Eacl              | h Disbur |      |          | • • •          |
| Purpose of Disbursement<br>Rent   |   |                   |          |                  |                         |          | 4    | 064.5    | 0              |
| Candidate Name  | ]   | Category/<br>Type |          |                  |                         |          |      |          |                |
| Office Sought: House Disburse Senate President  | ment For: Primary General Other (specify)         |                   | F        | RENT             | -                       |          |      |          |                |
| State: District:  | · · · · · · · · · · · · · · · · · · ·             |                   |          |                  |                         |          |      |          |                |
| SUBTOTAL of Disbursements This Page (optional)  |   | <b>)</b>          | <u> </u> |                  |                         |          | 50   | 617.8    | 7              |

|            | CHEDULE B (FEC Form 3X)   | Use separat                            | te schedule(s)         |     | _            |                       | NUMBI               | ER:   |           |     |          | PAG      | E 25     | / 36           |
|------------|---|--|------------------------|-----|--------------|-----------------------|---------------------|-------|-----------|-----|----------|----------|----------|----------------|
| IT         | EMIZED DISBURSEMENTS  | for each cat                           |                        | ۔ ا | X            | eck only<br>21b<br>27 | 22<br>28a           |       | 23<br>28b | E   | 24<br>28 |          | 25<br>29 |                |
|            | y Information copied from such Reports and Staten for commercial purposes, other than using the nam |  |                        |     |              |                       |                     |       |           |     |          |          |          |                |
|            | NAME OF COMMITTEE (In Full)   | c and address                          | or arry political c    |     |              | 20 10 30              | 1011 0011           | inout | 10110     |     | 11 340   | 1 001    |          |                |
| $ \rangle$ | Massachusetts Republican State Congress   | sional Comm                            | nittee                 |     |              |                       |                     |       |           |     |          |          |          |                |
|            | Full Name (Last, First, Middle Initial) Paychex/InterPay  |  |                        |     |              |                       | <b>Tran</b><br>Date |       |           |     |          | 17.E     | 1069     | 0              |
|            | Mailing Address PO Box 8295   |  |                        |     |              |                       | 1 <sup>M</sup> 0    | М     | / D       | 0   | 2 /      | Υ        | žoč      | 8 <sup>Y</sup> |
|            | City<br>Boston  |  | Zip Code<br>02266-     |     |              |                       | Amo                 | unt o | f Eac     | h [ | Disbur   |          | -        | s Perio        |
|            | Purpose of Disbursement<br>Payroll Tax  |  |                        |     | •            |                       | L.                  | -     |           |     | _        | ,        | 3847.    | 77             |
|            | Candidate Name  |  |                        |     | tego<br>Type |                       |                     |       |           |     |          |          |          |                |
|            | Senate President  | ement For: Primary Other (specif       | General<br>y) ▼        |     |              |                       | PAY                 | ROL   | L TA      | XΑ  |          |          |          |                |
| _          | State: District: Full Name (Last, First, Middle Initial)  |  |                        |     |              |                       | Tran                | eact  | ion II    | n.  | 810      | 17 🗆     | 1067     | Ω              |
|            | Poland Spring Poland Spring   |  |                        |     |              |                       | Date                |       | isbur     | sei | ment     | Υ        |          |                |
|            | Mailing Address Processing Center PO Box 52271  |  |                        |     |              |                       | 1 0                 |       | L         | 0   | 1        | <u> </u> | žοč      | 8              |
|            | City<br>Phoenix   |  | Zip Code<br>35072-     |     |              |                       | Amo                 | unt o | f Eac     | :h[ | Disbur   | seme     |          | s Perio        |
|            | Purpose of Disbursement<br>Bottled Water  |  |                        |     |              |                       | L.                  | -     |           |     |          |          | 103.     | 53             |
|            | Candidate Name  |  |                        |     | tego<br>Type |                       |                     |       |           |     |          |          |          |                |
|            | Office Sought: House Disburse Senate President  | ement For: Primary Other (specif       | General<br>y) <b>▼</b> |     |              |                       | BOT                 | TLE   | D W       | A٦  | ER       |          |          |                |
|            | State: District:  |  |                        |     |              |                       |                     |       |           |     |          |          |          |                |
|            | Full Name (Last, First, Middle Initial) Boston Postmaster   |  |                        |     |              |                       | Date                | of D  | isbur     | sei | nent     |          | 1078     |                |
|            | Mailing Address  JW MCCORMACK STAT  New Chardon Street  | ΓΙΟΝ                                   |                        |     |              |                       | 1 <sup>™</sup> 0    | М     | / D       | 0   | 1 ′      | Y        | žoč      | 8              |
|            | City<br>Boston  |  | Zip Code<br>02114-     |     |              |                       | Amo                 | unt o | f Eac     | :h[ | Disbur   | seme     | ent this | s Perio        |
|            | Purpose of Disbursement<br>Permit Renewal   |  |                        |     | •            |                       | L.                  |       |           |     |          |          | 180.     | 00             |
|            | Candidate Name  |  |                        |     | tego<br>ype  |                       |                     |       |           |     |          |          |          |                |
|            | Senate President  | ement For:<br>Primary<br>Other (specif | General<br>y) ▼        |     |              |                       | PER                 | MIT   | REN       | lΕ, | WAL      |          |          |                |
| _          | State: District:  |  |                        |     |              |                       |                     |       |           |     |          |          |          |                |
|            |   |  |                        |     |              |                       |                     |       |           | -   |          | _        | 131.     | 00             |

| CHEDULE B (FEC Form 3X)  | Use separate schedule(s                        | ) FOR LINE (check onl | NUMBER: PAGE 26/36 v one)                         |
|--|--|-----------------------|---|
| TEMIZED DISBURSEMENTS  | for each category of the Detailed Summary Page | X 21b 27              | 22 23 24 25 2<br>28a 28b 28c 29                   |
| ny Information copied from such Reports and State<br>for commercial purposes, other than using the nan |  |                       |   |
| NAME OF COMMITTEE (In Full)  Massachusetts Republican State Congres                                    | sional Committee                               |                       |   |
| Full Name (Last, First, Middle Initial) Jodys Quik Print   |  |                       | Transaction ID: 81017.E10791 Date of Disbursement |
| Mailing Address P.O. Box 1068  |  |                       | 10 0 1 7 2 0 0 8                                  |
| City<br>Middleton  | State Zip Code<br>MA 01949-                    |                       | Amount of Each Disbursement this Period           |
| Purpose of Disbursement Letterhead Envelopes Business Cards Candidate Name                             |  | Category/             | 1653.35   |
| Office Sought: House Disburs Senate President State: District:   | ement For:  Primary General  Other (specify) ▼ | Type                  | LETTERHEAD ENVELOPES BUSI<br>NESS CARDS           |
| Full Name (Last, First, Middle Initial) Bay State Realty   |  |                       | Transaction ID: 81017.E10724 Date of Disbursement |
| Mailing Address 2 Park Plaza   |  |                       | 10 M / D 1 D / Y 2 0 0 8 Y                        |
| City<br>Boston   | State Zip Code<br>MA 02116-                    |                       | Amount of Each Disbursement this Perio            |
| Purpose of Disbursement office space rental  |  |                       | 5557.00   |
| Candidate Name   |  | Category/<br>Type     |   |
| Office Sought: House Senate President State: District:   | ement For:  Primary General  Other (specify) ▼ |                       | OFFICE SPACE RENTAL                               |
| Full Name (Last, First, Middle Initial) C&w Shopping Centers   |  |                       | Transaction ID: 81017.E10729 Date of Disbursement |
| Mailing Address 95 State Street Suite 422  |  |                       | 10 0 1 7 2 0 0 8                                  |
| City<br>Springfield  | State Zip Code<br>MA 01103-                    |                       | Amount of Each Disbursement this Period           |
| Purpose of Disbursement Rent for Office Space  |  |                       | 2400.00   |
| Candidate Name   |  | Category/<br>Type     |   |
| Office Sought:  House Senate President State:  Disburs   | ement For:  Primary General  Other (specify) ▼ | •                     | RENT FOR OFFICE SPACE                             |
| SUBTOTAL of Disbursements This Page (optional)   |  | <b>&gt;</b>           | 9610.35   |
|  |  |                       |   |

В.

C.

| SCHEDULE B (FEC Form 3X)  | Use separate schedule(s)                       |                   | NE NUMBER:                     | PAGE 27/36                 |
|---|--|-------------------|--------------------------------|----------------------------|
| ITEMIZED DISBURSEMENTS  | for each category of the Detailed Summary Page | (check o          | only one) 22 23                | ☐ 24 ☐ 25 ☐ 26             |
|   |  | 27                | 28a 28b                        | 28c 29 30b                 |
| Any Information copied from such Reports and Statemer or for commercial purposes, other than using the name |  |                   |                                |                            |
| NAME OF COMMITTEE (In Full)   | and address of any pointed.                    |                   |                                | om odom odminitos          |
| Massachusetts Republican State Congressi  | onal Committee                                 |                   |                                |                            |
| Full Name (Last, First, Middle Initial) Staples, Inc.   |  |                   | Transaction ID Date of Disburs | 9: 81017.E10770<br>sement  |
| Mailing Address Staples Credit Plan Dept. 80 - 0088936796   |  |                   | 10 M                           | 01 7 2008                  |
| City  | itate Zip Code<br>A 50368-9020                 |                   | Amount of Eacl                 | n Disbursement this Period |
| Purpose of Disbursement<br>Office Supplies  |  |                   | <u> </u>                       | 54.58                      |
| Candidate Name  |  | Category/<br>Type |                                |                            |
|   | nent For: Primary General Other (specify)      |                   | OFFICE SUP                     | PLIES                      |
| Full Name (Last, First, Middle Initial) T-Mobile T-Mobile   |  |                   | Transaction ID Date of Disburs | 9: 81017.E10718<br>sement  |
| Mailing Address PO Box 790047   |  |                   | 10 M / D                       | 10 7 2008                  |
| •   | itate Zip Code<br>MO 63179-                    |                   | Amount of Eacl                 | n Disbursement this Period |
| Purpose of Disbursement<br>Phone Service  |  |                   | <u> </u>                       | 158.43                     |
| Candidate Name  |  | Category/<br>Type |                                |                            |
|   | nent For: Primary General Other (specify) ▼    |                   | PHONE SER                      | VICE                       |
| Full Name (Last, First, Middle Initial) RA The Red Apple  |  |                   | Transaction ID Date of Disburs | 9: 81017.E10674<br>sement  |
| Mailing Address Ulla Lam P.O. Box 1579  |  |                   | 10 / 0                         | 01                         |
|   | itate Zip Code<br>MA 01931-                    |                   | Amount of Eacl                 | n Disbursement this Period |
| Purpose of Disbursement<br>Delegate gifts   |  |                   |                                | 3844.82                    |
| Candidate Name  |  | Category/<br>Type |                                |                            |
|   | nent For: Primary General Other (specify)      |                   | DELEGATE G                     | GIFTS                      |
| SUBTOTAL of Disbursements This Page (optional)  |  |                   |                                | 4057.83                    |
| TOTAL This Period (last page this line number only) .   |  |                   |                                |                            |

C.

| SCHEDULE B (FEC Form 3X)  |                                    | arate schedule(s)               |        |            | OR LIN      |       | UMBE                 | R:         |                  | Р               | AGE        | 28 / 3     | 36   |           |
|---|------------------------------------|---------------------------------|--------|------------|-------------|-------|----------------------|------------|------------------|-----------------|------------|------------|--|-----------|
| ITEMIZED DISBURSEMENTS  |                                    | category of the<br>Summary Page |        | X          | -           | Á     | 22<br>28a            |            | 23<br>28b        | 24<br>280       |            | 25<br>29   | $\longrightarrow$                            | 26<br>30b |
| Any Information copied from such Reports and Statem or for commercial purposes, other than using the name |                                    |                                 |        |            |             |       |                      |            |                  | oliciting o     | ontri      |            | <u>                                     </u> |           |
| NAME OF COMMITTEE (In Full)   | and addres                         | ss of any political             | COITII |            | ilee io s   | SOIIC | it Coriti            | ibuti      | 0115 110         | JIII SUCII      | COIII      | millee     |  |           |
| Massachusetts Republican State Congress   | sional Con                         | nmittee                         |        |            |             |       |                      |            |                  |                 |            |            |  |           |
| Full Name (Last, First, Middle Initial)<br>Peter Torkildsen   |                                    |                                 |        |            |             |       |                      |            | on ID:<br>sburse | 8101<br>ement   | 7.E1       | 0776       |  |           |
| Mailing Address 1 Stony Brook Road  |                                    |                                 |        |            |             |       | 1 <sup>M</sup> 0     | М          | 0                | <sup>D</sup> /  | ÝŽ         | 8 0 0      | B Y  |           |
| •   | State<br>MA                        | Zip Code<br>01863-              |        |            |             |       | Amou                 | nt o       | f Each           | Disburs         | -          |            |  | 1         |
| Purpose of Disbursement Reimbursement see below   |                                    |                                 |        | v          |             |       |                      |            |                  |                 |            | 665.6      | 3  | _         |
| Candidate Name  |                                    |                                 |        | ite<br>Typ | gory/<br>oe |       |                      |            |                  |                 |            |            |  |           |
| Office Sought: House Disburse Senate President State: District:   | ment For:<br>Primary<br>Other (spe | General ecify) ▼                |        |            |             |       | REIMI                | BUI        | RSEM             | IENT S          | EE I       | BELO       | W  |           |
| Full Name (Last, First, Middle Initial)   |                                    |                                 |        |            |             |       | Trans                | acti       | on ID:           | 8101            | 7.F1       | 0777       |  |           |
| Bloomington Crowne Plaza  |                                    |                                 |        |            |             |       | Date o               | of D       | sburse           | ement           |            |            | V  |           |
| Mailing Address 5401 Green Valley Dr.   |                                    |                                 |        |            |             |       | 1 <sup>M</sup> 0     | М          | 0                | 1 /             | ` 2        | ž o ŏ 8    | 3 1  |           |
| ,   | State<br>MN                        | Zip Code<br>55437-              |        |            |             |       | Amou                 | nt o       | f Each           | Disburs         | emer       | nt this f  | Perioc                                       | i         |
| Purpose of Disbursement P. Torkildsen reimbursement for lodging   |                                    |                                 |        |            | -           |       |                      |            |                  |                 |            | 665.6      | 3  |           |
| Candidate Name  |                                    |                                 |        | ite<br>Typ | gory/<br>oe | ١.    |                      | <b>.</b> . |                  |                 |            |            |  |           |
| Office Sought: House Disburse Senate President State: District:   | ment For:<br>Primary<br>Other (spe | General ecify) ▼                |        |            |             |       | [MEM<br>MEMO<br>URSE |            |                  | RKILDS<br>OR LO | SEN<br>DGI | REIM<br>NG | B-   |           |
| Full Name (Last, First, Middle Initial) Verizon   |                                    |                                 |        |            |             |       |                      |            | on ID:           | 8101<br>ement   | 7.E1       | 0719       |  |           |
| Mailing Address P.O. Box 1  |                                    |                                 |        |            |             |       | 1 <sup>M</sup> 0     | М          | <sup>1</sup> 1   | 0 /             | Y          | § 0 Š      | B Y  |           |
| City<br>Worcester   | State<br>MA                        | Zip Code<br>01654-              |        |            |             |       | Amou                 | nt o       | f Each           | Disburs         | emer       | nt this I  | Perioc                                       | j         |
| Purpose of Disbursement<br>Phone  |                                    |                                 |        |            |             |       | L.                   | -          |                  |                 |            | 462.3      | 7  |           |
| Candidate Name  |                                    |                                 |        | ite<br>Typ | gory/<br>be |       |                      |            |                  |                 |            |            |  |           |
| Office Sought: House Disburse Senate President  | ment For:<br>Primary<br>Other (spe | General ecify) ▼                |        |            |             |       | PHON                 | ΙE         |                  |                 |            |            |  |           |
| State: District:  |                                    | · · ·                           |        |            |             |       |                      |            |                  |                 |            |            |  |           |
| SUBTOTAL of Disbursements This Page (optional)  |                                    |                                 |        |            | •           |       |                      |            |                  |                 | 11         | 28.0       | 5  | ٦         |

| SCHEDULE B (FEC Form 3X)  | Use separate schedule(s                        |         | OR LINE       | E NUMBER:                |               | PA            | GE 29/            | 36        |
|---|--|---------|---------------|--------------------------|---------------|---------------|-------------------|-----------|
| TEMIZED DISBURSEMENTS   | for each category of the Detailed Summary Page |         | _             | 22 2                     | 3<br>8b       | 24<br>28c     | 25<br>29          | 26        |
| Any Information copied from such Reports and Sta                          |  |         |               |                          |               |               |                   | S         |
| or for commercial purposes, other than using the n                        | ame and address of any politica                | al comm | ittee to s    | olicit contribution      | s from        | such c        | ommittee          |           |
| NAME OF COMMITTEE (In Full)   | anaianal Cammittan                             |         |               |                          |               |               |                   |           |
| / Massachusetts Republican State Congr                                    | essional Committee                             |         |               |                          |               |               |                   |           |
| Full Name (Last, First, Middle Initial)                                   |  |         |               | Transaction              | ID: 8         | 1017          | F10749            |           |
| Robert Willington   |  |         |               | Date of Disb             | urseme        |               |                   | _         |
| Mailing Address 12 Arlington Street                                       |  |         |               | 10 /                     | 0 1           | / L           | ž 0 0 8           | 3         |
| City  | State Zip Code                                 |         |               | Amount of E              | ach Dis       | burser        | ment this I       | Period    |
| Reading   | MA 01867-                                      |         |               | -                        |               |               | 183.1             | 5         |
| Purpose of Disbursement  R. Willington reimbursement for pizza for traini | na   |         |               |                          |               |               | 103.1             | 5         |
| Candidate Name  | ng .   |         | egory/<br>ype |                          |               |               |                   |           |
| Office Sought: House Disbu  | ursement For:                                  | 1 13    | ype           | -                        |               |               |                   |           |
| Senate  | Primary General                                |         |               | R. WILLING<br>NT FOR PI  | GTON<br>77A F | REIM<br>OR TI | IBURSE<br>RAINING | ME-       |
| President   | Other (specify)                                |         |               |                          |               | •             |                   |           |
| State: District:  |  |         |               |                          |               |               |                   |           |
| Full Name (Last, First, Middle Initial)                                   |  |         |               | Transaction              | -             |               | E10750            |           |
| Robert Willington   |  |         |               | Date of Disb             |               | nt            |                   |           |
| Mailing Address 12 Arlington Street                                       |  |         |               | 10 /                     | 0 1           | / <b>Y</b>    | Ž O Ď 8           | 3         |
| City  | State Zip Code                                 |         |               | Amount of E              | ach Dis       | burser        | ment this I       | Period    |
| Reading   | MA 01867-                                      |         |               |                          |               |               | 4.47.0            | •         |
| Purpose of Disbursement  R. Willington reimbursement for paking mileage   | a and traval                                   |         | ,             |                          |               |               | 147.0             | 9         |
| Candidate Name  | e and traver                                   |         | egory/<br>ype |                          |               |               |                   |           |
| Office Sought: House Disbu  | ursement For:                                  | 1       | , 60          | -                        |               |               |                   |           |
| Senate  | Primary General                                |         |               | R. WILLING<br>NT FOR PA  | STON<br>AKING | REIM<br>MILE  | IBURSE<br>AGE AN  | ME-<br>VD |
| President   | Other (specify)                                |         |               | TRAVEL                   |               |               |                   |           |
| State: District:  |  |         |               |                          |               |               |                   |           |
| Full Name (Last, First, Middle Initial) Robert Willington                 |  |         |               | Transaction Date of Disb |               |               | E10748            |           |
| Matter Address 10 A B   |  |         |               | 10 /                     | 0 1           | / Y           | ž 0 0 8           | Q Y       |
| Mailing Address 12 Arlington Street                                       |  |         |               | 10                       | 0 1           |               | 2000              | ,         |
| City  | State Zip Code                                 |         |               | Amount of E              | ach Dis       | burser        | ment this         | Period    |
| Reading   | MA 01867-                                      |         |               |                          |               | •             | 110.0             | 0         |
| Purpose of Disbursement  R. Willington reimbursement for hotel            |  |         | ,             |                          |               | -             | 110.0             | 5         |
| Candidate Name  |  | Cate    | egory/        |                          |               |               |                   |           |
| -   |  |         | pe            |                          |               |               |                   |           |
| Office Sought: House Disbu  | rsement For:                                   | •       |               | B WILLING                | NOTE          | BEIM          | IRI IRSE          | MF-       |
| Senate  | Primary General                                |         |               | R. WILLING<br>NT FOR H   | ŎŤĔĽ          |               |                   | - VIL     |
| President State: District:  | Other (specify)                                |         |               |                          |               |               |                   |           |
| State: District:  |  |         |               |                          |               |               |                   |           |
| SUBTOTAL of Disbursements This Page (option                               | al)  |         | . •           |                          |               |               | 440.2             | 4         |
| TOTAL This Period (last page this line number o                           | nly)   |         |               |                          |               |               |                   | -         |
| 6AN026  | .,   |         | -             | FEC Sch                  | edule B       | ( Forn        | n 3X) (Re         | vised 0:  |
|   |  |         |               |                          |               |               |                   | _         |

C.

| SCHEDULE B (FEC Form 3X)   |                                     | arate schedule(s)               |         |      | OR LIN    |       |                  | R:   |              |               | РΑ       | GE        | 30 / 3   | 36    |           |
|--|-------------------------------------|---------------------------------|---------|------|-----------|-------|------------------|------|--------------|---------------|----------|-----------|----------|-------|-----------|
| ITEMIZED DISBURSEMENTS   |                                     | category of the<br>Summary Page |         | ·    | 21b<br>27 | F     | 22<br>28a        |      | 23<br>28b    | 2             | 4<br>Вс  | П         | 25<br>29 |       | 26<br>30b |
| Any Information copied from such Reports and Statem                                |                                     |                                 |         |      |           |       |                  |      |              |               |          |           |          |       |           |
| or for commercial purposes, other than using the name  NAME OF COMMITTEE (In Full) | e and addre                         | ss of any political             | com     | ırrı | ittee to  | SOIIC | it contr         | ibut | ons ire      | om suc        | n c      | omn       | nittee   |       |           |
| Massachusetts Republican State Congress  | sional Cor                          | nmittee                         |         |      |           |       |                  |      |              |               |          |           |          |       |           |
| Full Name (Last, First, Middle Initial)  |                                     |                                 |         |      |           |       | Trans            |      |              |               | 17.      | E10       | 0722     |       |           |
| Robert Willington  | ert Willington                      |                                 |         |      |           |       |                  |      | sburse       |               | Y        | Y         | Y        | Υ     |           |
| Mailing Address 12 Arlington Street  |                                     |                                 |         |      |           |       | 1 <sup>M</sup> 0 | М    | 1            | 0 /           | L        | 2         | οŏε      | 3     |           |
| City<br>Reading  | State<br>MA                         | Zip Code<br>01867-              |         |      |           |       | Amou             | nt o | f Each       | Disbu         | rser     | nen       | t this F | Perio | d         |
| Purpose of Disbursement  |                                     |                                 | Т       | U    | -         |       |                  |      |              |               |          | . 1       | 29.6     | 5     |           |
| Reimbursement for office supplies and travel Candidate Name                        |                                     |                                 | Ca      | ate  | egory/    |       |                  |      |              |               |          |           |          |       |           |
| Office County Dishura  |                                     |                                 |         | Ty   | /pe       |       |                  |      |              |               |          |           |          |       |           |
| Senate President   | ement For:<br>Primary<br>Other (spe | General ecify) ▼                |         |      |           |       | REIM<br>SUPP     | BUI  | RSEM<br>S AN | MENT<br>ID TR | FO<br>AV | R C<br>EL | OFFIC    | Œ     |           |
| State: District:  Full Name (Last, First, Middle Initial)                          |                                     |                                 |         |      |           |       | T                |      | ID-          | 010           | 17       |           | 0701     |       |           |
| Robert Willington  |                                     |                                 |         |      |           |       | Trans<br>Date of |      | sburse       |               | 17.      |           | 0/21     |       |           |
| Mailing Address 12 Arlington Street  |                                     |                                 |         |      |           |       | 1 <sup>M</sup> 0 | М    | 1            | 0 /           | Υ        | ž         | 0 0 8    | Y     |           |
| ,  | State<br>MA                         | Zip Code<br>01867-              |         |      |           |       | Amou             | nt o | f Each       | Disbu         | rser     | nen       | t this F | Perio | d         |
| Reading Purpose of Disbursement  | IVIA                                | 01007-                          | _       |      |           |       |                  |      |              |               |          | 1         | 36.2     | 3     |           |
| Reimbursement for travel Candidate Name  |                                     |                                 |         | -t-  | egory/    |       |                  |      |              |               |          |           |          |       |           |
|  |                                     |                                 |         |      | pe<br>/pe |       |                  |      |              |               |          |           |          |       |           |
| Senate President   | ement For:<br>Primary<br>Other (spe | General <b>▼</b>                |         |      |           |       | REIM             | BUI  | RSEM         | MENT          | FO       | RT        | RAV      | EL    |           |
| State: District:   |                                     |                                 |         |      |           |       |                  |      |              |               |          |           |          |       |           |
| Full Name (Last, First, Middle Initial)<br>Robert Willington                       |                                     |                                 |         |      |           |       |                  | of D | sburse       | ement         | 17.      | E1(       | 0720     |       |           |
| Mailing Address 12 Arlington Street  |                                     |                                 |         |      |           |       | 1 <sup>M</sup> 0 | М    | 1            | 0 /           | Υ        | ž         | οŏε      | Y     |           |
| City<br>Reading  | State<br>MA                         | Zip Code<br>01867-              |         |      |           |       | Amou             | nt o | f Each       | Disbu         | rser     | nen       | t this F | Perio | d         |
| Purpose of Disbursement  | 1717                                | 01007                           |         | 0    |           |       |                  |      |              |               |          | _ 1       | 36.2     | 7     |           |
| Reimbursement for travel Candidate Name  |                                     |                                 |         | nt c | egory/    |       |                  |      |              |               |          |           |          |       |           |
| Cardidate Name   |                                     |                                 |         |      | pe<br>/pe |       |                  |      |              |               |          |           |          |       |           |
| Office Sought: House Disburse Senate President                                     | Primary                             | General                         |         |      |           |       | REIM             | BUI  | RSEM         | IENT          | FO       | RΤ        | RAV      | EL    |           |
| State: District:   | Other (spe                          | <del>y</del>                    |         |      |           |       |                  |      |              |               |          |           |          |       |           |
| SUBTOTAL of Disbursements This Page (optional)                                     |                                     |                                 | <u></u> |      | . ▶       |       |                  |      |              |               |          | 4         | 02.20    | )     |           |

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|-----------|--|---|-------------------|---|
| S         | CHEDULE B (FEC Form 3X)  | Use separate schedule(s)                          | _                 | NUMBER: PAGE 31/36  |
| IT        | EMIZED DISBURSEMENTS   | for each category of the<br>Detailed Summary Page | (check only       | 7 one)  22  |
|           | y Information copied from such Reports and Statem for commercial purposes, other than using the name |   |                   |   |
| $\rangle$ | NAME OF COMMITTEE (In Full)  Massachusetts Republican State Congress                                 | ional Committee                                   |                   |   |
|           | Full Name (Last, First, Middle Initial) Committee to Elect Beatty for US Senate                      |   |                   | Transaction ID: 81017.E10705  Date of Disbursement  |
|           | Mailing Address PO BOX 1599  |   |                   | $\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 4 \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{smallmatrix} \end{bmatrix} $ |
|           |  | State Zip Code<br>MA 02645-                       |                   | Amount of Each Disbursement this Period   |
|           | Purpose of Disbursement IN KIND MAILING ON BEHALF OF BEATTY FOR                                      | 3   |                   | 221.76  |
|           | Candidate Name<br>BEATTY FOR US SENATE   |   | Category/<br>Type |   |
|           |  | ment For: 2008 Primary General Other (specify)    |                   | IN KIND: IN KIND MAILING<br>ON BEHALF OF BEATTY FOR<br>US SENATE  |
|           | Full Name (Last, First, Middle Initial) Richard Baker Committee to elect                             |   |                   | Transaction ID: 81017.E10702 Date of Disbursement   |
|           | Mailing Address 288 Middle St  |   |                   | $\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 4 \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{smallmatrix} \end{bmatrix} $ |
|           |  | State Zip Code<br>MA 01985-                       |                   | Amount of Each Disbursement this Period   |
|           | Purpose of Disbursement IN-KIND MAILING ON BEHALF OF RICHARD BA                                      | AK  |                   | 730.33  |
|           | Candidate Name   |   | Category/<br>Type |   |
|           |  | ment For: 2008 Primary General Other (specify) ▼  |                   | IN KIND: IN-KIND MAILING<br>ON BEHALF OF RICHARD BAKER<br>FOR CONGRESS  |

|   |             | 050.00 |
|---|-------------|--------|
| SUBTOTAL of Disbursements This Page (optional)      | <b>&gt;</b> | 952.09 |
|   |             |        |
| TOTAL This Period (last page this line number only) | •           | 952.09 |

State:

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| Any Information copied from such Reports and Statements may not be sold or used by any or for commercial purposes, other than using the name and address of any political committee. | v person for the purpose of soliciting contributions |
|  | , , , ,  |
| NAME OF COMMITTEE (In Full)  |  |
| Massachusetts Republican State Congressional Committee   |  |
| Full Name (Last, First, Middle Initial)  | Transaction ID: 81017.E10768                         |
| Gregory DAgostino  | Date of Disbursement                                 |
| Mailing Address 10 Liberty Sq. 4th Floor   | 1 0 M / D 0 1 / Y 2 0 0 8 Y                          |
| City State Zip Code Boston MA 02109-   | Amount of Each Disbursement this Period              |
| Purpose of Disbursement Refund of Contribution Refund of contrib   | 10 600.00  |
|  | egory/<br>/pe  |
| Office Sought:    House   Disbursement For:     Senate   Primary   General     Other (specify) ▼   |  |

| SUBTOTAL of Disbursements This Page (optional)      | •        | 600.00 |
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| TOTAL This Period (last page this line number only) | <u> </u> | 600.00 |

|         |  | Use separate schedule(s                           | s) |             | OR LINE I |                  | п.      |                | L          | FAGL    | 33 / 3    | 30       |
|---------|--|---|----|-------------|-----------|------------------|---------|----------------|------------|---------|-----------|----------|
| IT<br>_ | EMIZED DISBURSEMENTS   | for each category of the<br>Detailed Summary Page |    |             | 21b 27    | 22<br>28a        |         | 23<br>28b      | 24<br>28   | 4<br>3c | 25<br>29  | X 3      |
|         | y Information copied from such Reports and State<br>for commercial purposes, other than using the nan<br>NAME OF COMMITTEE (In Full)<br>Massachusetts Republican State Congres | ne and address of any politic                     |    |             |           |                  |         |                |            |         |           | 3        |
| L       | Full Name (Last, First, Middle Initial)  |   |    |             |           | Trans            | acti    | on ID:         | 810        | 17.E1   | 0687      |          |
| •       | Kathy Clarkeson  Mailing Address 66 Kane Dr.   |   |    |             |           | Date of          |         |                | ement<br>2 | Y       | ž o ŏ 8   | 3 Y      |
|         | City   | State Zip Code                                    |    |             |           | Amou             | int of  | Fach           | Disbu      | rseme   | nt this F | Period   |
|         | Scituate Purpose of Disbursement   | MA 02066-   |    |             |           | 741100           | 1111 01 | Laon           | Diobu      |         | 901.85    | -        |
|         | Payroll  Candidate Name  |   |    | ateg        | jory/     |                  |         |                |            | •       |           |          |
|         | Office Sought:    House   Disburs  | ement For:  Primary General Other (specify)       |    | 1 7 1       |           | PAYF             | ROLI    | L              |            |         |           |          |
|         | Full Name (Last, First, Middle Initial) James Greene   |   |    |             |           | Date             | of Di   | sburse         | ement      |         | 0689      |          |
|         | Mailing Address 3 Brown Terrace  |   |    |             |           | 1 <sup>M</sup> 0 | M /     | <sup>D</sup> 0 | 2 /        | 2       | ž o č s   | 3        |
|         | City<br>Jamaica Plain  | State Zip Code<br>MA 02130-                       |    |             |           | Amou             | int of  | Each           | Disbu      |         | nt this F |          |
|         | Purpose of Disbursement Payroll Candidate Name   |   |    | ateg        | jory/     |                  |         | •              |            | •       | 334.70    | <u> </u> |
|         | Office Sought:    House   Disburs  | ement For:  Primary General  Other (specify) ▼    | 1  |             |           | PAYF             | ROLI    | L              |            |         |           |          |
|         | Full Name (Last, First, Middle Initial)<br>Lyndsay Jones   |   |    |             |           | Date             | of Di   | sburse         |            |         |           |          |
|         | Mailing Address 16 Oval Road   |   |    |             |           | 1 <sup>M</sup> 0 | M /     | <sup>D</sup> 0 | 2 /        | Y 2     | ž o č e   | 3        |
|         | City<br>Quincy   | State Zip Code MA 02170-                          |    |             |           | Amou             | int of  | Each           | Disbu      | rsemei  | nt this F | Period   |
|         | Purpose of Disbursement<br>Payroll   |   |    | •           |           | L.               |         | -              |            | 1.      | 256.04    | 4        |
|         | Candidate Name   |   |    | ateg<br>Typ | ory/<br>e |                  |         |                |            |         |           |          |
|         | Office Sought:    House   Disburs  | ement For: Primary General Other (specify) ▼      |    |             |           | PAYF             | ROLI    | L              |            |         |           |          |
|         |  |   |    |             |           |                  | _       |                |            |         |           |          |

| SCHEDULE B (FEC FOIII)   | ' Use separate schedule                             | (S)   (check or | E NUMBER: PAGE 34 / 36  |
|--|---|-----------------|---|
| TEMIZED DISBURSEMEI  | Detailed Summary Pag                                | e 21b 27        | 22 23 24 25 2<br>28a 28b 28c 29 X   |
| or for commercial purposes, other than use NAME OF COMMITTEE (In Full) | sing the name and address of any politi             |                 | for the purpose of soliciting contributions solicit contributions from such committee         |
| / Massachusetts Republican Stat  | e Congressional Committee                           |                 |   |
| Full Name (Last, First, Middle Initial) Barney Keller                  |   |                 | Transaction ID: 81017.E10684  Date of Disbursement  100 0 2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 |
| Mailing Address 187 Lewis Rd   |   |                 | 10 02 2008  |
| City<br>Belmont  | State Zip Code<br>MA 02478-                         |                 | Amount of Each Disbursement this Perio  |
| Purpose of Disbursement Payroll Candidate Name                         |   | Category/       | 1088.57   |
| Office Sought:  House Senate President State:  District:               | Disbursement For:  Primary Gener  Other (specify) ▼ | Type            | PAYROLL   |
| Full Name (Last, First, Middle Initial) Adam Lamontagne                |   |                 | Transaction ID: 81017.E10688 Date of Disbursement   |
| Mailing Address 44 Montclair S   | St.   |                 | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$   |
| City<br>Chicopee   | State Zip Code<br>MA 01013-                         |                 | Amount of Each Disbursement this Peric  |
| Purpose of Disbursement Payroll Candidate Name                         |   | Category/       | 855.79  |
| Office Sought:  House Senate President State:  District:               | Disbursement For:  Primary Gener  Other (specify) ▼ | Type<br>al      | PAYROLL   |
| Full Name (Last, First, Middle Initial)<br>Peter Torkildsen            |   |                 | Transaction ID: 81017.E10685 Date of Disbursement   |
| Mailing Address 1 Stony Brook  | Road  |                 | 10 M / D D / Y Y Y O N 8  |
| City<br>Chelmsford   | State Zip Code<br>MA 01863-                         |                 | Amount of Each Disbursement this Perio  |
| Purpose of Disbursement Payroll Candidate Name                         |   | Category/       | 1635.16   |
| Office Sought: House   | Disbursement For:                                   | Type            | PAYROLL   |
| Senate President State: District:                                      | Primary General Other (specify) ▼                   | al              |   |
|  |   |                 |   |

| SCHEDULE B (FEC Form 3X)   | Use separate schedule(s) FOR L                    | FOR LINE           |  |
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| ITEMIZED DISBURSEMENTS   | for each category of the<br>Detailed Summary Page | (check only 21b 27 | 7 one) 22 23 24 25 26 28 28 28 28 28 28 X 30b  |
| Any Information copied from such Reports and Statemor for commercial purposes, other than using the name | ,   | , ,                | , ,  |
| NAME OF COMMITTEE (In Full)  |   |                    |  |
| Massachusetts Republican State Congress  | ional Committee                                   |                    |  |
| Full Name (Last, First, Middle Initial)  |   |                    | Transaction ID: 81017.E10686   |
| Robert Willington  |   |                    | Date of Disbursement   |
| Mailing Address 12 Arlington Street  |   |                    | $\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{smallmatrix} \end{bmatrix}$ |
| City   | State Zip Code                                    |                    | Amount of Each Disbursement this Period  |
| Reading  | MA 01867-   |                    |  |
| Purpose of Disbursement Payroll  |   |                    | 1426.44  |
| Candidate Name   | C   | ategory/<br>Type   |  |
| Senate President   | ment For: Primary General Other (specify)         | 76-                | PAYROLL  |
| State: District:   | ·   |                    |  |

| SUBTOTAL of Disbursements This Page (optional)      | •        | 1426.44 |
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| TOTAL This Period (last page this line number only) | <u> </u> | 8098.55 |

| Image# 28933990834                            |  |
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| Form/Schedule: <b>F3XN</b><br>Transaction ID: | All donors who have contributed \$200 or more were sent a letter within 30 days asking for employer-occupation if one was not provided in order to meet best efforts policy. |
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